West Virginia Provider Incentive Program

Eligible Provider EHR Incentive Program Application Manual

Date of Publication: 08.19.11

Document Version: 1.1

Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule[1] and the American Recovery and Reinvestment Act (ARRA) of 2009 provides protection for personal health information.

Protected health information (PHI) includes any health information and confidential information, whether verbal, written, or electronic, created, received, or maintained by Molina Healthcare. It is health care data plus identifying information that would allow the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

[1] 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Revision History

Version	Date	Author	Action/Summary of Changes	Status
1.1	8.19.11	Gretchen McDermott	Removed Draft	
1.2	9.26.11	Karla Battle	Removed range constraints.	

Table of Contents

1. Introduction 8
1.1 Eligible Professionals 8
1.2 Registering with CMS 9
2. Information Needed 11
2.1 Eligible Provider Attestation Workbook - Overview 11
2.2 Eligible Provider Attestation Workbook – Provider Information 13
2.3 Eligible Provider Attestation Workbook – Medicaid Volume Information and Questions 16
2.4 Eligible Provider Attestation Workbook – EHR Certification Information 20
3. Required Supporting Documentation 23
4. Obtaining an West Virginia (WV) Medicaid Management Information System (WVMMIS)Login 24
5. Enrolling in WV Medicaid 25
6. Determine If Intend to Use Group/Clinic Medicaid Volume to meet Medicaid Volume Requirements 26
7. Finding EMR Certification Number 27
8. System Requirements 28
9. Navigation 29
9.1 Breadcrumbs 29
9.2 Use of the Navigation Features 29
9.2.1 Help Hyperlink 29
9.2.2 WV EHR Incentive Program Account Hyperlink 30
9.2.3 Back to WV MMIS Portal 30
9.2.4 Home Tab 30
9.2.5 Registration Tab 31
9.2.6 Attestation Tab 32
9.2.7 The Standard Buttons 33
10. Using the WV EHR Incentive Program Application 35
10.1 Pre-eligibility check on receipt of CMS registration ID 37
10.2 Login to the WV EHR Incentive Solution 38
10.2.1 Starting WV EHR Incentive Program application 38
10.3 Registering a Provider within WV EHR Incentive Program 42
10.3.1 Registration – Add option 45
10.3.2 Registration – Select Option 48
10.3.3 Registration – Remove Option 48
10.4 Attestation 49

10.4.1 Attestation Eligibility 55
10.4.1.1 Encounter Calculation 55
10.4.1.2 Eligibility Screen 1 – Service Setting 56
10.4.1.3 Eligibility Screen 2 – Volume Check 58
10.4.1.3.1 Volume Screen 3 – If initial Eligibility volume is not met 60
10.4.1.3.2 Volume Screen 4 – Needy Patient Volume 62
10.4.2 Attestation Payment 65
10.4.3 Attestation Adopt, Implement, Use Certified EMR system 66
10.5 Submit Attestation and payment status 67
11. Status Grid 70
12. Successful Registration with CMS Email 71
13. Submitted Attestation Email 72
14. Error occurred when processing registration Email 73
15. Attestation Accepted Email 74
16. Error Occurred While Processing Registration – Medicaid Enrollment failed Email 75
17. Attestation Error – Practice predominately in a Hospital Setting Email 76
18. Attestation Error – Medicaid Claims count failed Email 77
19. Attestation Paid Email 78
20. Attestation Payment Denied Email 79
21. Attestation Payment Denied – Pay Hold found 80
22. Attestation excluded from Payment Email 81
23. Attestation Rejected Email 82

Table of Figures and Tables

Figure 1 –Eligible Provider Incentive Payment Worksheet – Overview Example 11
Figure 2–Eligible Provider Workbook for Incentive Payment Overview Page 12
Figure 3 - Provider EHR Incentive Workbook – Provider Information Example 13
Figure 4 - Provider EHR Incentive Workbook - Provider Information (Questions 1-4) Page 14
Figure 5 - Provider EHR Incentive Workbook - Provider Information (Questions 3-9) Page 15
Figure 6 - Provider EHR Incentive Workbook - Medicaid Volume Information - Example 16
Figure 7 - Provider EHR Incentive Workbook - Medicaid Volume Information and Questions Page 17
Figure 8 - Provider EHR Incentive Workbook - Medicaid Volume Information and Questions Page (continued) 18
Figure 9 - Provider EHR Incentive Workbook - Medicaid Volume Information and Questions (continued) 19
Figure 10 - Provider EHR Incentive Workbook - EHR Certification Information Example 20
Figure 11 - Provider EHR Incentive Workbook - EHR Certification Information Page 21
Figure 12 - Provider EHR Incentive Workbook - EHR Certification Information Page (continued) 22
Figure 2.1 – Certified Health IT Product List window 27
Figure 4.1 -- Breadcrumbs 29
Figure 4.2 – Feature Description 29
Figure 4.2.1 – Home page 31
Figure 4.2.3 – Registration Window 32
Figure 4.2.4 – Attestation Tab 33
Figure 9.2.6 – Standard Buttons 34
Figure 5.2.1.2 – Provider Incentive About this Site Page 41
Figure 5.3.1 – Registration tab 43
Figure 5.3.2 –Registration Tab - Registration Home Page 44
Figure 5.3.2 –Registration Tab– No Records to Display 45
Figure 5.3.1.1 – Registration Tab – Add Registration 45
Figure 5.3.1.2 – Registration Tab - Registration Information Window 46
Figure 5.3.2.1 – Registration Tab - Registration Information Window 48
Figure 5.3.3.1 – Registration Tab – Remove Option 48
Figure 5.4.1 – Attestation Tab 50
Figure 5.4.2 – Attestations Tab – Attestation Selection 51
Figure 5.4.3 – Attestation Tab; Attestation Topic Listing 52

Figure 5.4.4 – Attestation Tab – Verify Registration 54
Figure 5.4.1.2.1 – Attestation Tab – Service Setting 57
Figure 5.4.1.2.2 – Attestation Tab - Eligibility Window 57
Figure 5.4.1.3.1 – Attestation Tab – Medicaid Patient Volume 59
Figure 5.4.1.3.1.1 – Attestation Tab - FQHC/RHC Patient Volume 61
Figure 5.4.3.2.1.1 – Attestation Tab – Needy Patient Volume at FQHC/RHC 63
Figure 5.4.3.2.1.2 – Pediatrician 20% volume payment calendar 65
Figure 5.4.3.2.1.3 – Eligible Providers Payment calendar 66
Figure 5.4.3.2.1.4 –Attestation Tab - Adopt, Implement or Upgrade EHR Window 66
Figure 5.4.3.2.1.5 – Attestation Tab - Previous Page button and Save and Continue Button 66
Figure 5.5.2 – Attestation Tab - Submission Receipt Window 69
Figure 5.5.3 – Attestation Status 70

1. Introduction

The Electronic Health Records (EHR) Provider Incentive Payment (PIP) is a federal program offering financial support to assist eligible providers to adopt, implement, or upgrade certified EHR technology. The federal program defines the three options as follows.

- Adopt: to acquire and install a certified EHR technology,
- Implement: to train staff, deploy tools, exchange data,
- Upgrade: to expand functionality or interoperability

The program goals are to improve outcomes, facilitate access, simplify care, and reduce costs of health care nationwide by:

- Enhancing care coordination and patient safety
- Reducing paperwork and improving efficiencies
- Facilitating information sharing across providers, payers, and state lines
- Enabling communication of health information to authorized users through state Health Information Exchange (HIE) and the National Health Information Network (NHIN).

Incentives will be available through both Medicaid and Medicare. Eligible healthcare professionals will be required to choose between Medicaid and Medicare. Those in border counties should choose the state from which they will receive the incentive payments. Hospitals may be able to receive incentive funds from both programs. The Bureau for Medical Services (BMS) will administer the Medicaid EHR PIP program for West Virginia.

1.1 Eligible Professionals

The Center for Medicare & Medicaid Services (CMS) has defined eligible professionals for the Electronic Health Record Incentive program for Medicaid as follows:

- **An actively enrolled Medicaid Provider with the State Medicaid program with one of the below provider types:**

  - Physicians (primarily doctors of medicine and doctors of osteopathy)
  - Nurse practitioner
  - Certified nurse-midwife
  - Dentist
  - A Physician Assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant where:
    1. PA is the primary provider in a clinic
    2. PA is a clinical or medical director at a clinical site of practice; or

3. PA is an owner of an RHC.

- **To be eligible for the incentive payment, professional providers meeting the provider type requirement above, must also meet one of the following Medicaid patient volume criteria:**

  - ❑ Have a minimum 30% Medicaid patient volume*
  - ❑ Have a minimum 20% Medicaid patient volume, and also be enrolled as a practicing physician with a specialty of pediatrician with WV Medicaid*
  - ❑ Practice predominantly in a Federally Qualified Health Center or Rural Health Center and have a minimum 30% patient volume attributable to needy individuals

- **The provider must also not practice predominately in a hospital setting. Providers who see more than 90% of their Medicaid patients in a hospital inpatient or emergency room setting are considered to be practicing predominately in a hospital setting.**
- **Providers must indicate if they are adopting, upgrading, or implementing a certified EHR solution during their attestation process to proceed with submittal. For Year 1, providers do not have to demonstrate meaningful use. Meaningful use question responses will be recorded if completed, but not scored for Year 1.**

The WV EHR Incentive Payment Solution will verify providers meet the above requirements by validating the provider's claims-based data within the MMIS upon incentive payment registration and attestation. In addition to validating the above criteria electronically, the system will perform the following validations:

- ❑ Providers must pass a systematic checking of the claims volume and place of service relative to the amount of Medicaid patient volume they claim to have seen during the attestation process they complete online. ***Claims for providers for patients within a hospital setting will not be considered for their Medicaid patient volume since providers are supposed to by predominately office based.***
- ❑ Providers will not be paid if currently under review with the State of West Virginia or not actively enrolled with Medicaid.
- ❑ The provider Pay To Providers indicated within the NLR registration must also be an active Medicaid provider to receive payment on behalf of the attesting provider.

1.2 Registering with CMS

Prior to participating in the West Virginia EHR Incentive program, the provider first must register for the **EHR Incentive Program** within the National Level Repository(NLR) system to sign up for the program at the national level and must select **"Medicaid"** as its desired payment path and **"West Virginia"** as its assigned State for attestation. This will enable the National Level Repository (NLR) solution to notify the West Virginia EHR Incentive Payment solution of

the provider's intent to attest for incentive payment in the state. Visit the National Level Repository (NLR) solution at https://ehrincentives.cms.gov/hitech/login.action to register.

Once the provider has successfully registered for the West Virginia Medicaid EHR Incentive Program, the provider must complete the attestation for the year with the **WV EHR Incentive Payment** solution by logging into the secure Medicaid provider online portal www.wvmmis.com Health PAS Online Provider portal **after waiting at minimum 48 hours** for the Incentive registration to be processed and received by West Virginia from the federal system. Providers who do not have access to the West Virginia Provider Web portal can request access via an online form at https://www.wvmmis.com/xjRegManage/tradingPartnerRegRight.screen.

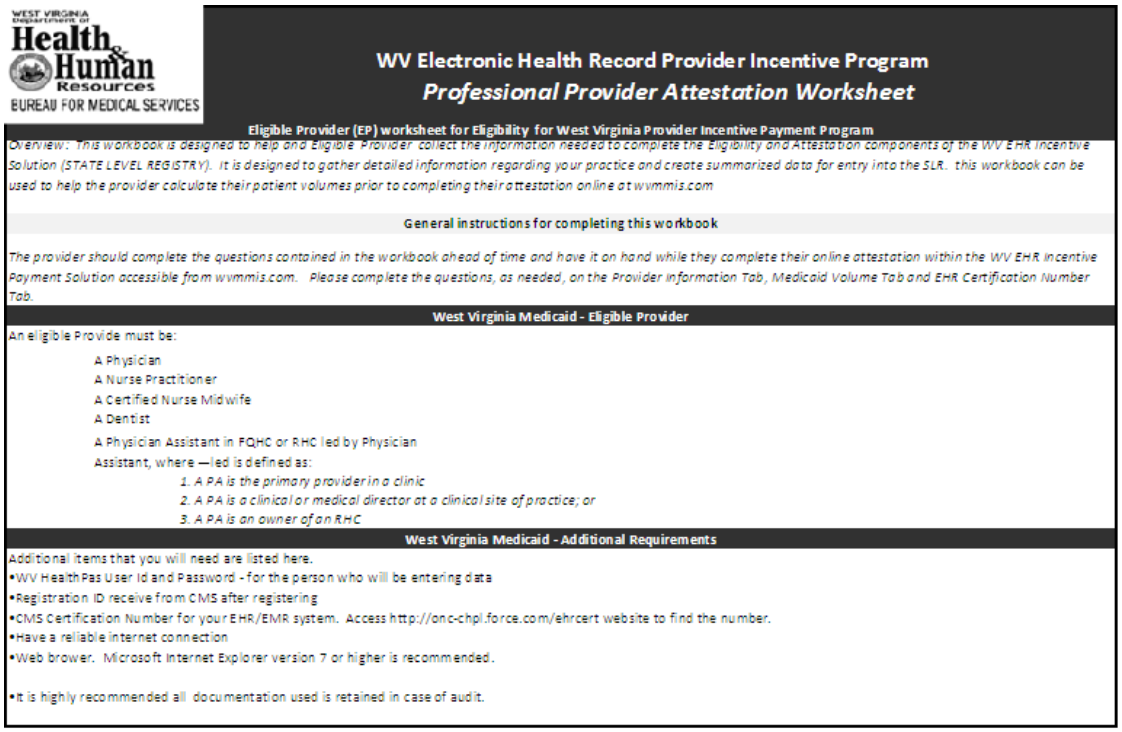
NOTE: If the provider wishes to receive any of the attestation update e-mails from WV Medicaid, the provider must add the email address to the CMS registration information. The WV EHR Incentive solution continues to update this e-mail address, as the original address submitting the registration for the provider, with any updates to the attestation's status as it is processed.

2. Information Needed

Before a provider can begin to complete the EHR Incentive Program attestation process, the provider or clinic/practice will need to gather all of the information necessary to complete the attestation correctly. The West Virginia EHR Incentive program has created a workbook for the provider to guide the provider or representative user through pulling the appropriate data needed to complete an attestation successfully. The workbook is available in PDF format. This workbook is embedded within this User Manual in the immediate pages below, as well as available on the wvmmis.com portal. The Provider Workbook provides the questions CMS requires and can be used to gather answers before logging into the WV EHR Incentive Payment online application. The items below provide the minimum that is needed in order to use the Provider Incentive Program application in addition to the workbook.

2.1 Eligible Provider Attestation Workbook - Overview

Figure 1 –Eligible Provider Incentive Payment Worksheet – Overview Example



WEST VIRGINIA DEPARTMENT OF Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet

Eligible Provider (EP) worksheet for Eligibility for West Virginia Provider Incentive Payment Program

Overview: This workbook is designed to help and Eligible Provider collect the information needed to complete the Eligibility and Attestation components of the WV EHR Incentive Solution (STATE LEVEL REGISTRY). It is designed to gather detailed information regarding your practice and create summarized data for entry into the SLR. this workbook can be used to help the provider calculate their patient volumes prior to completing their attestation online at wvmmis.com

General instructions for completing this workbook

The provider should complete the questions contained in the workbook ahead of time and have it on hand while they complete their online attestation within the WV EHR Incentive Payment Solution accessible from wvmmis.com. Please complete the questions, as needed, on the Provider Information Tab, Medicaid Volume Tab and EHR Certification Number Tab.

West Virginia Medicaid - Eligible Provider

An eligible Provide must be:

A Physician
A Nurse Practitioner
A Certified Nurse Midwife
A Dentist
A Physician Assistant in FQHC or RHC led by Physician Assistant, where —led is defined as:

1. *A PA is the primary provider in a clinic*
2. *A PA is a clinical or medical director at a clinical site of practice; or*
3. *A PA is an owner of an RHC*

West Virginia Medicaid - Additional Requirements

Additional items that you will need are listed here.

- WV HealthPas User Id and Password - for the person who will be entering data
- Registration ID receive from CMS after registering
- CMS Certification Number for your EHR/EMR system. Access http://onc-chpl.force.com/ehrcert website to find the number.
- Have a reliable internet connection
- Web brower. Microsoft Internet Explorer version 7 or higher is recommended.
- It is highly recommended all documentation used is retained in case of audit.

The first page of the workbook describes the eligibility requirements for the professional provider and web requirements for utilizing the WV EHR Incentive payment attestation solution.

Figure 2–Eligible Provider Workbook for Incentive Payment Overview Page

WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet

Eligible Provider (EP) worksheet for Eligibility for West Virginia Provider Incentive Payment Program

Overview: This workbook is designed to help and Eligible Provider collect the information needed to complete the Eligibility and Attestation components of the WV EHR Incentive Solution (STATE LEVEL REGISTRY). It is designed to gather detailed information regarding your practice and create summarized data for entry into the SLR. this workbook can be used to help the provider calculate their patient volumes prior to completing their attestation online at wvmmis.com

General instructions for completing this workbook

The provider should complete the questions contained in the workbook ahead of time and have it on hand while they complete their online attestation within the WV EHR Incentive Payment Solution accessible from wvmmis.com. Please complete the questions, as needed, on the Provider Information Tab, Medicaid Volume Tab and EHR Certification Number Tab.

West Virginia Medicaid - Eligible Provider

An eligible Provide must be:

- A Physician
- A Nurse Practitioner
- A Certified Nurse Midwife
- A Dentist
- A Physician Assistant in FQHC or RHC led by Physician Assistant, where —led is defined as:
  - *1. A PA is the primary provider in a clinic*
  - *2. A PA is a clinical or medical director at a clinical site of practice; or*
  - *3. A PA is an owner of an RHC*

West Virginia Medicaid - Additional Requirements

Additional items that you will need are listed here.

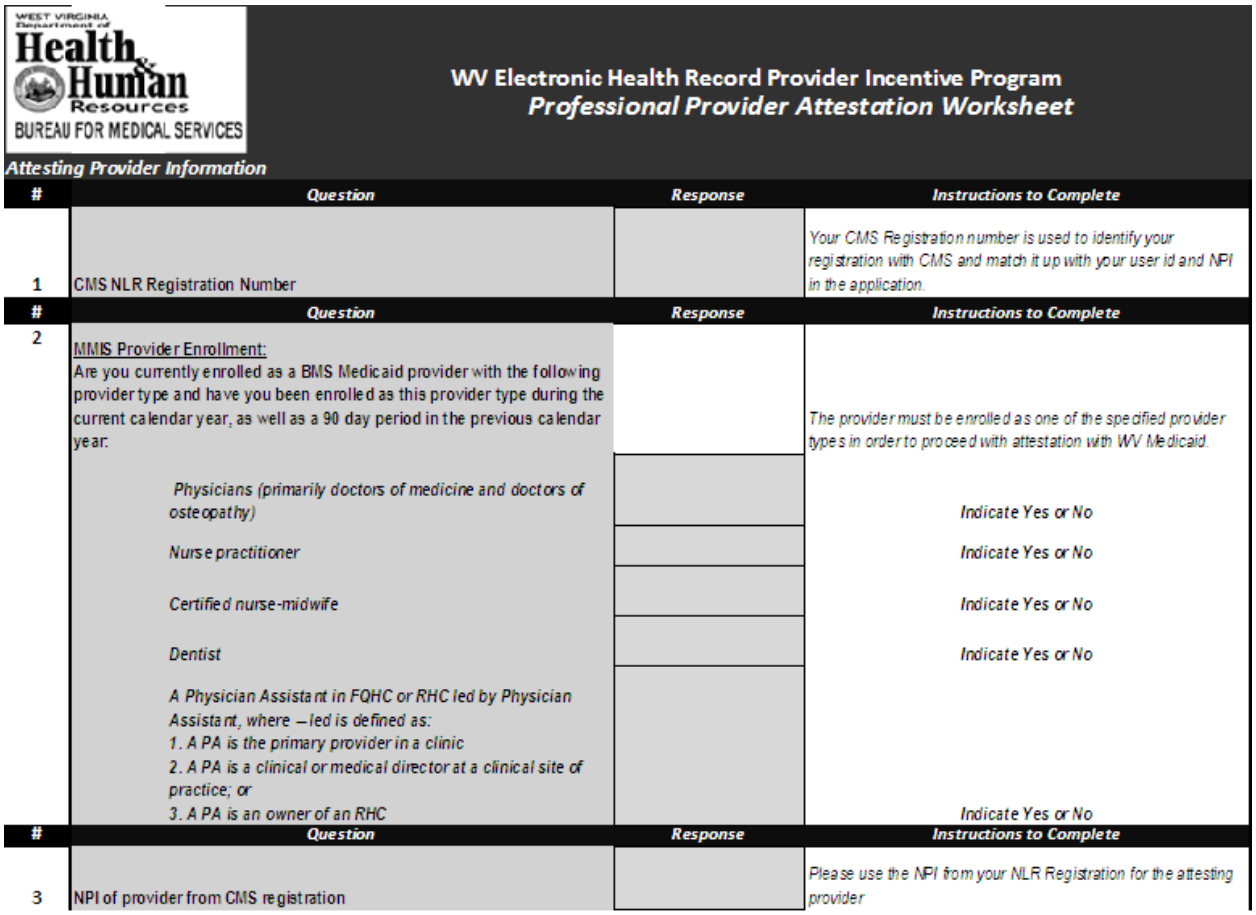
- WV HealthPas User Id and Password - for the person who will be entering data
- Registration ID receive from CMS after registering
- CMS Certification Number for your EHR/EMR system. Access http://onc-chpl.force.com/ehrcert website to find the number.
- Have a reliable internet connection
- Web brower. Microsoft Internet Explorer version 7 or higher is recommended.

- It is highly recommended all documentation used is retained in case of audit.

2.2 *Eligible Provider Attestation Workbook – Provider Information*

The second and third page of the workbook requests from the professional provider the identification requirements, provider type/specialty requirements and enrollment requirements for the WV EHR Incentive payment attestation. There are nine questions in the Provider Information section.

Figure 2 - Provider EHR Incentive Workbook – Provider Information Example



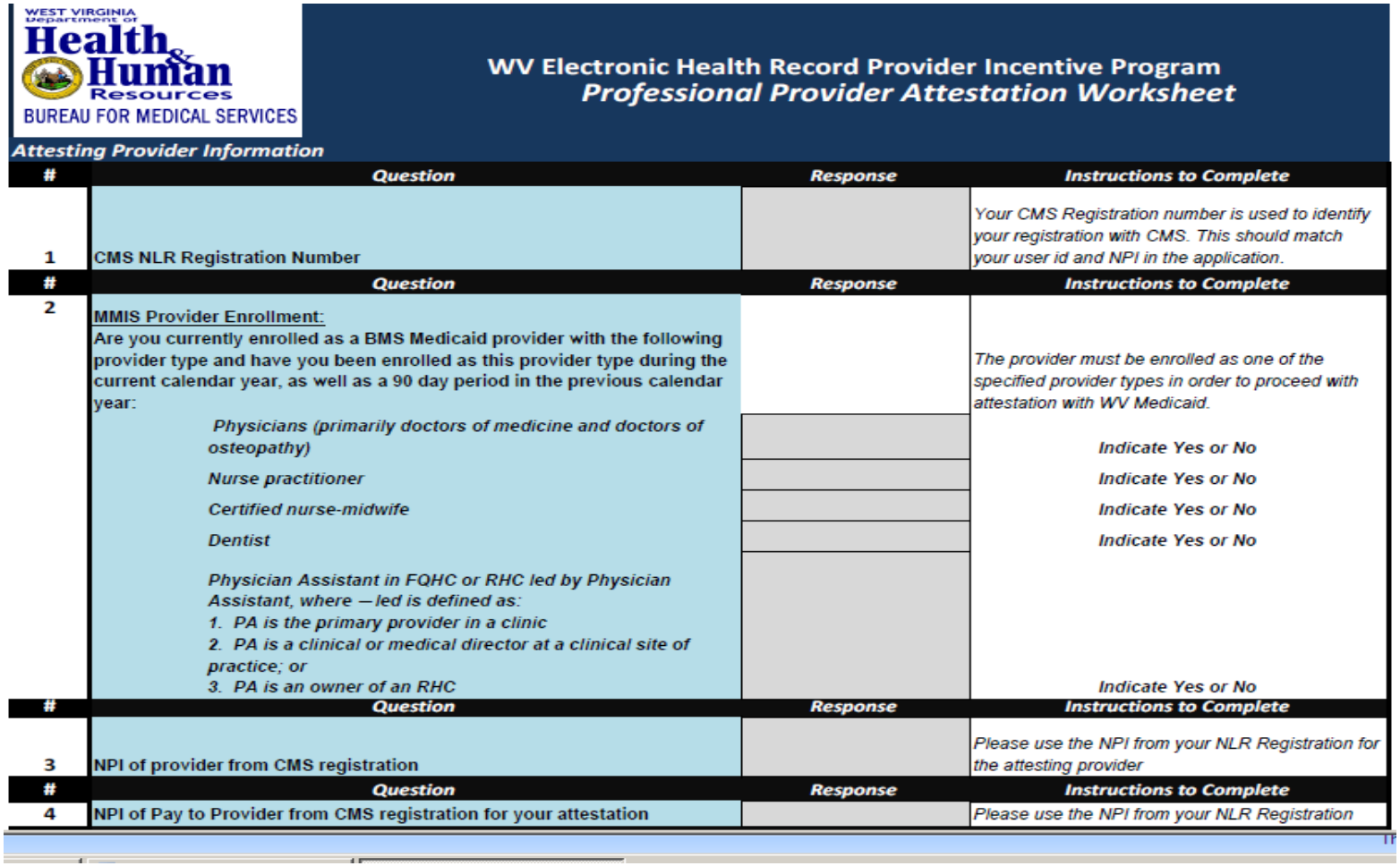
WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet

Attesting Provider Information

#	Question	Response	Instructions to Complete
1	CMS NLR Registration Number		*Your CMS Registration number is used to identify your registration with CMS and match it up with your user id and NPI in the application.*
#	**Question**	**Response**	**Instructions to Complete**
2	MMIS Provider Enrollment: Are you currently enrolled as a BMS Medicaid provider with the following provider type and have you been enrolled as this provider type during the current calendar year, as well as a 90 day period in the previous calendar year:		*The provider must be enrolled as one of the specified provider types in order to proceed with attestation with WV Medicaid.*
	Physicians (primarily doctors of medicine and doctors of osteopathy)		*Indicate Yes or No*
	Nurse practitioner		*Indicate Yes or No*
	Certified nurse-midwife		*Indicate Yes or No*
	Dentist		*Indicate Yes or No*
	A Physician Assistant in FQHC or RHC led by Physician Assistant, where –led is defined as: *1. A PA is the primary provider in a clinic* *2. A PA is a clinical or medical director at a clinical site of practice; or* *3. A PA is an owner of an RHC*		*Indicate Yes or No*
#	**Question**	**Response**	**Instructions to Complete**
3	NPI of provider from CMS registration		*Please use the NPI from your NLR Registration for the attesting provider*

Figure 3 - Provider EHR Incentive Workbook - Provider Information (Questions 1-4) Page



WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet

Attesting Provider Information

#	Question	Response	Instructions to Complete
1	CMS NLR Registration Number		*Your CMS Registration number is used to identify your registration with CMS. This should match your user id and NPI in the application.*
#	**Question**	**Response**	**Instructions to Complete**
2	MMIS Provider Enrollment: Are you currently enrolled as a BMS Medicaid provider with the following provider type and have you been enrolled as this provider type during the current calendar year, as well as a 90 day period in the previous calendar year:		*The provider must be enrolled as one of the specified provider types in order to proceed with attestation with WV Medicaid.*
	Physicians (primarily doctors of medicine and doctors of osteopathy)		*Indicate Yes or No*
	Nurse practitioner		*Indicate Yes or No*
	Certified nurse-midwife		*Indicate Yes or No*
	Dentist		*Indicate Yes or No*
	Physician Assistant in FQHC or RHC led by Physician Assistant, where —led is defined as: *1. PA is the primary provider in a clinic* *2. PA is a clinical or medical director at a clinical site of practice; or* *3. PA is an owner of an RHC*		*Indicate Yes or No*
#	**Question**	**Response**	**Instructions to Complete**
3	NPI of provider from CMS registration		*Please use the NPI from your NLR Registration for the attesting provider*
#	**Question**	**Response**	**Instructions to Complete**
4	NPI of Pay to Provider from CMS registration for your attestation		*Please use the NPI from your NLR Registration*

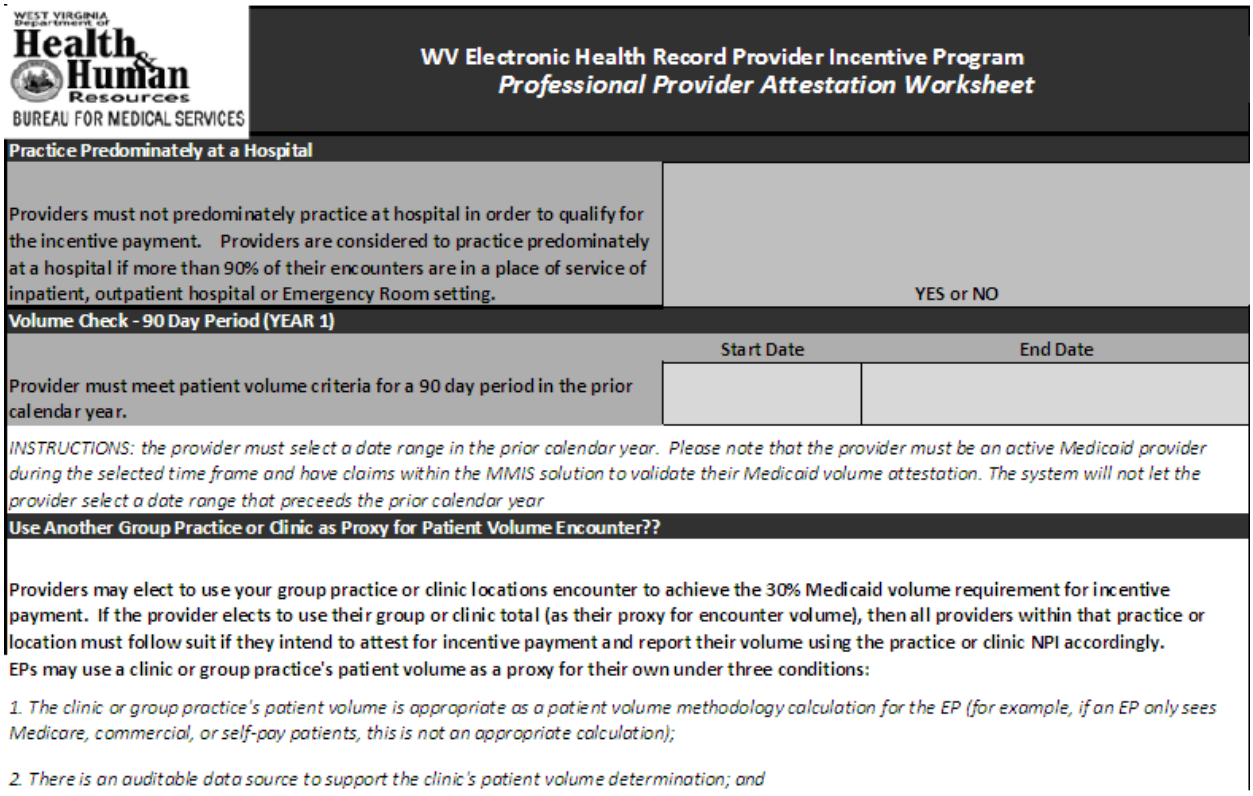
Figure 4 - Provider EHR Incentive Workbook - Provider Information (Questions 3-9) Page

5	Are you an active Medicaid Provider with BMS?	YES OR NO	
#	***Question***	***Response***	***Instructions to Complete***
6	MMIS Provider Enrollment: If you are no longer currently enrolled as a BMS provider with the above provider types, were you enrolled in Medicaid with one of these provider types during the time period you intend to specify your Medicaid Volume (previous calendar year)?	YES OR NO	*If the provider answers NO to both questions, they will not be able to able to demonstrate that they were Medicaid providers to the WV EHR Incentive system and will not be eiligible for payment for the current year.* *If the provider answers YES to the first question, but no to the below question, the provider may need to wait until they have been actively enrolled for more than 90 days during this calendar year prior to attesting.*
#	***Question***	***Response***	***Instructions to Complete***
7	YEAR 1 - Have you been an active Medicaid Provider with BMS for any 90 day period over the last calendar year?	YES OR NO	*If no, the provider is not eligible for provider incentive payment for this calendar year*
#	***Question***	***Response***	***Instructions to Complete***
8	YEARS 2-6. Were you an active Medicaid Provider with BMS during the entire calendar year last year in order to be eligible for MU demonstration during the full attestation period required by the regulations?	YES OR NO	*NOT APPLICABLE until the provider is attets for YEAR 2 incentive payment.* *If no, the provider is not eligible for provider incentive payment for this calendar year*
#	***Question***	***Response***	***Instructions to Complete***
9	Is your designated Pay to Provider in your Attestation worksheet an active Medicaid Provider with BMS?	YES OR NO	*Please note that providers should designate their pay to provider as a provider that is an active Medicaid Provider with a current Pay to Affiliation within the MMIS. Providers who are not set up as pay to provider within the system will not be able to receive a payment from the system. Should the provider wish to add themselves as a possible pay to provider within the MMIS solution, they will need to contact Medicaid Provider Services.(888)-483-*

2.3 *Eligible Provider Attestation Workbook – Medicaid Volume Information and Questions*

The fourth through sixth pages of the workbook requests from the professional provider the Medicaid Volume requirements for the WV EHR Incentive payment attestation.

Figure 6 - Provider EHR Incentive Workbook - Medicaid Volume Information - Example



WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet

Practice Predominately at a Hospital

Providers must not predominately practice at hospital in order to qualify for the incentive payment. Providers are considered to practice predominately at a hospital if more than 90% of their encounters are in a place of service of inpatient, outpatient hospital or Emergency Room setting.	YES or NO

Volume Check - 90 Day Period (YEAR 1)

	Start Date	End Date
Provider must meet patient volume criteria for a 90 day period in the prior calendar year.		

INSTRUCTIONS: the provider must select a date range in the prior calendar year. Please note that the provider must be an active Medicaid provider during the selected time frame and have claims within the MMIS solution to validate their Medicaid volume attestation. The system will not let the provider select a date range that preceeds the prior calendar year

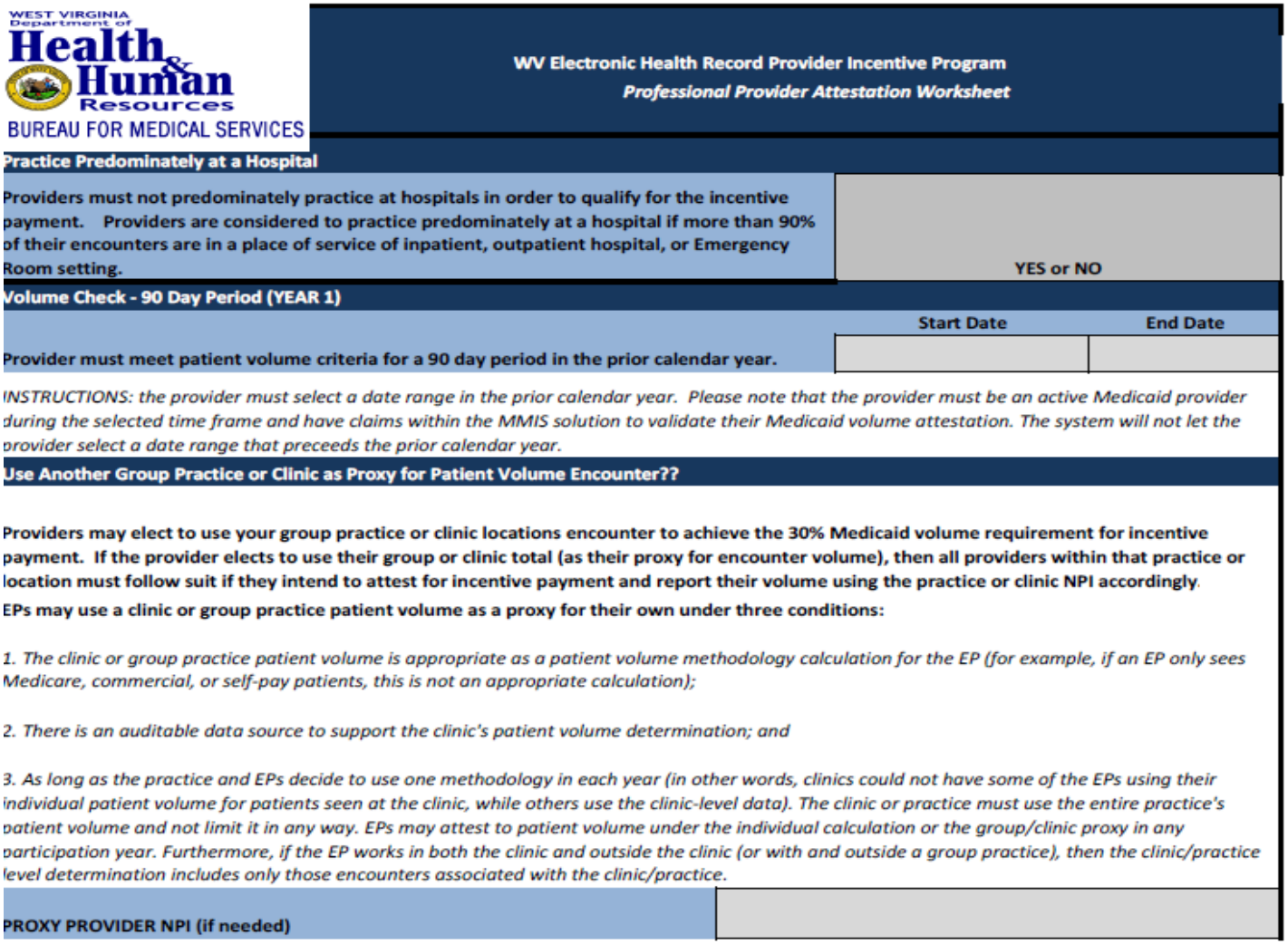
Use Another Group Practice or Clinic as Proxy for Patient Volume Encounter??

Providers may elect to use your group practice or clinic locations encounter to achieve the 30% Medicaid volume requirement for incentive payment. If the provider elects to use their group or clinic total (as their proxy for encounter volume), then all providers within that practice or location must follow suit if they intend to attest for incentive payment and report their volume using the practice or clinic NPI accordingly.
EPs may use a clinic or group practice's patient volume as a proxy for their own under three conditions:

1. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);

2. There is an auditable data source to support the clinic's patient volume determination; and

Figure 7 - Provider EHR Incentive Workbook - Medicaid Volume Information and Questions Page



WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet

Practice Predominately at a Hospital

Providers must not predominately practice at hospitals in order to qualify for the incentive payment. Providers are considered to practice predominately at a hospital if more than 90% of their encounters are in a place of service of inpatient, outpatient hospital, or Emergency Room setting.	**YES or NO**

Volume Check - 90 Day Period (YEAR 1)

	Start Date	**End Date**
Provider must meet patient volume criteria for a 90 day period in the prior calendar year.		

INSTRUCTIONS: the provider must select a date range in the prior calendar year. Please note that the provider must be an active Medicaid provider during the selected time frame and have claims within the MMIS solution to validate their Medicaid volume attestation. The system will not let the provider select a date range that preceeds the prior calendar year.

Use Another Group Practice or Clinic as Proxy for Patient Volume Encounter??

Providers may elect to use your group practice or clinic locations encounter to achieve the 30% Medicaid volume requirement for incentive payment. If the provider elects to use their group or clinic total (as their proxy for encounter volume), then all providers within that practice or location must follow suit if they intend to attest for incentive payment and report their volume using the practice or clinic NPI accordingly.

EPs may use a clinic or group practice patient volume as a proxy for their own under three conditions:

1. The clinic or group practice patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);

2. There is an auditable data source to support the clinic's patient volume determination; and

3. As long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

PROXY PROVIDER NPI (if needed)	

Figure 8 - Provider EHR Incentive Workbook - Medicaid Volume Information and Questions Page (continued)

INSTRUCTIONS: NPI of the provider practice that the attesting provider wishes to use for encounter volume calculation using the given provider's NPI as the pay to provider NPI on the claim. (SEE ABOVE FOR RULES ON SELECTION/USAGE OF PROXY)

Overall Medicaid Patient Volume	**Fee For Service**	**MCO Volume**
NUMERATOR - # of Medicaid individual encounters		
	The WV EHR Incentive Payment solution will validate the Fee for Service (FFS)encounter volume upon submission	

INSTRUCTIONS: ENCOUNTER DEFINITION - An encounter should be a reflected in the count as one or more claims for the same patient for the same rendering physician for the same Date of service (DOS) . This should be a count of unduplicated per patient, per date of service Medicaid Claim Based Encounters in the 90 day period. Includes: All Medicaid paid encounters including inpatient, outpatient, and emergency room services. The West Virginia EHR Incentive Payment solution will process a report from the MMIS system to validate the FFS encounter count within the numerator.

DENOMINATOR - # of Total patient encounters (denominator)	

INSTRUCTIONS: This should be a report of all provider encounters regardless of payer source from the provider's Practice Management System (PMS).

For Providers Who Wish to Demonstrate they are Practicing Predominately in an FQHC/RHC who do not meet the Overall Medicaid Volume Requirements	Start Date	End Date
Indicate what 6 month period(in the previous calendar year) that you, as a provider, practiced predominately at an FQHC/RHC (more than 50% of your patient encounters)		

NUMERATOR - Number of Patient Encounters at and FQHC/RHC during the time frame specified	
DENOMINATOR - Total Number of Patient Encounters for the Provider during the time period specified	

For Providers Attesting to having more than 50% Encounters at and FQHC/RHC (Number of Needy Patients)	
NUMERATOR:	**NUMBER**
Number of Patients Receiving Medical Assistance from Medicaid	

DEFINITION: Services rendered on any one day to an individual where Medicaid or Medicaid demonstration project under section 1115 of ARRA paid for part or all of the service or paid all or part of their premiums, co-payments, and/or costsharing.

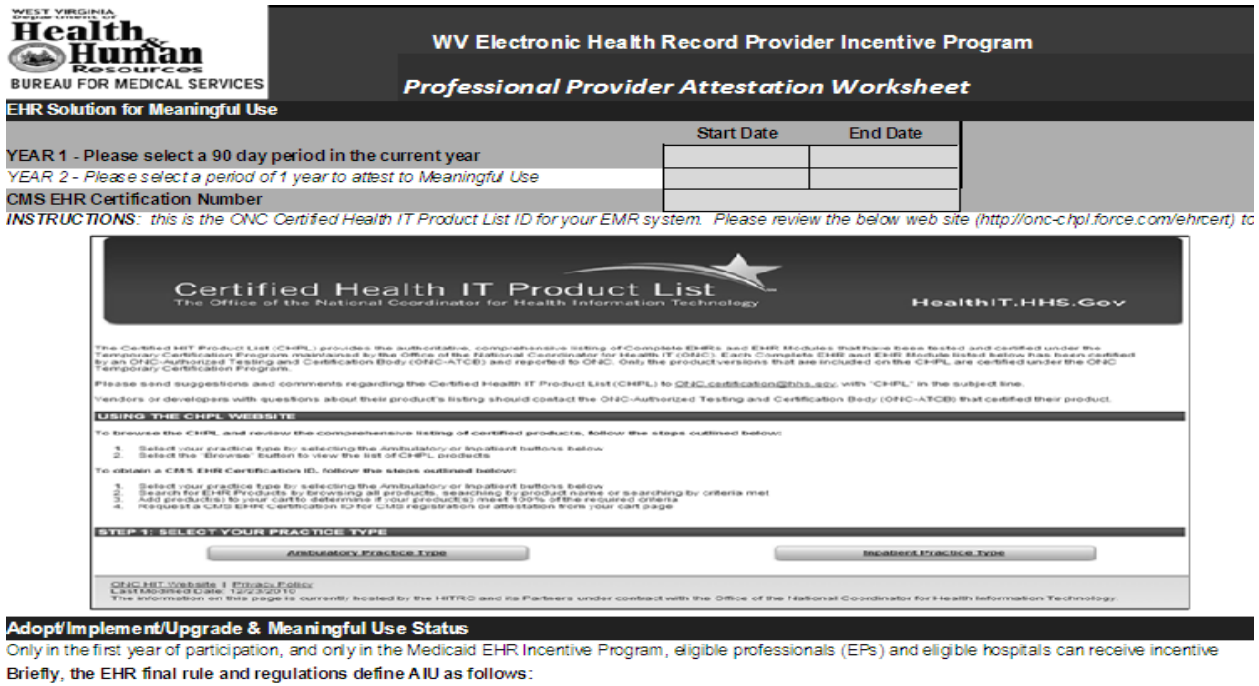
Figure 9 - Provider EHR Incentive Workbook - Medicaid Volume Information and Questions (continued)

Number of Patients Receiving Medical Assistance from CHIP	
DEFINITION: Services rendered on any one day to an individual where CHIP or CHIP demonstration project under section 1115 of ARRA paid for part or all of the service or paid all or part of their premiums, co-payments, and/or costsharing.	
Number of Patients furnished uncompensated care	
DEFINITION: Services rendered to an individual on any one day that were uncompensated.	
Number of patients furnished services at either no cost or reduced cost based on sliding scale determined by the individual's ability to pay	
DEFINITION: Services rendered to an individual on any one day on a sliding scale.	
SUM = Total Number of patient encounters an an FQHC/RHC where the patient is a "Needy Individual"	
DEFINITION: The system auto calculates this number from the sum above components to determine the full number of needy individual encounters for the provider	
DENOMINATOR:	
Number of all patient encounters at the FQHC/RHC during the specified time period	
DEFINITION: This is the total number of patient encounters the FQHC/RHC had for the specified time frame based on reports from their practice management system	

2.4 Eligible Provider Attestation Workbook – EHR Certification Information

The seventh and eighth page of the workbook requests from the professional provider the EHR Certification information requirements for the WV EHR Incentive payment attestation and informs the user where to find the EHR Certification number for the EHR system he/she is attesting to using, implementing or upgrading.

Figure 10 - Provider EHR Incentive Workbook - EHR Certification Information Example



WV Electronic Health Record Provider Incentive Program

Professional Provider Attestation Worksheet

EHR Solution for Meaningful Use

	Start Date	End Date
YEAR 1 - Please select a 90 day period in the current year		
YEAR 2 - Please select a period of 1 year to attest to Meaningful Use		
CMS EHR Certification Number		

***INSTRUCTIONS**: this is the ONC Certified Health IT Product List ID for your EMR system. Please review the below web site (http://onc-chpl.force.com/ehrcert) to*

Certified Health IT Product List

The Office of the National Coordinator for Health Information Technology

HealthIT.HHS.Gov

USING THE CHPL WEBSITE

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type | Inpatient Practice Type

Adopt/Implement/Upgrade & Meaningful Use Status

Only in the first year of participation, and only in the Medicaid EHR Incentive Program, eligible professionals (EPs) and eligible hospitals can receive incentive

Briefly, the EHR final rule and regulations define AIU as follows:

Figure 11 - Provider EHR Incentive Workbook - EHR Certification Information Page

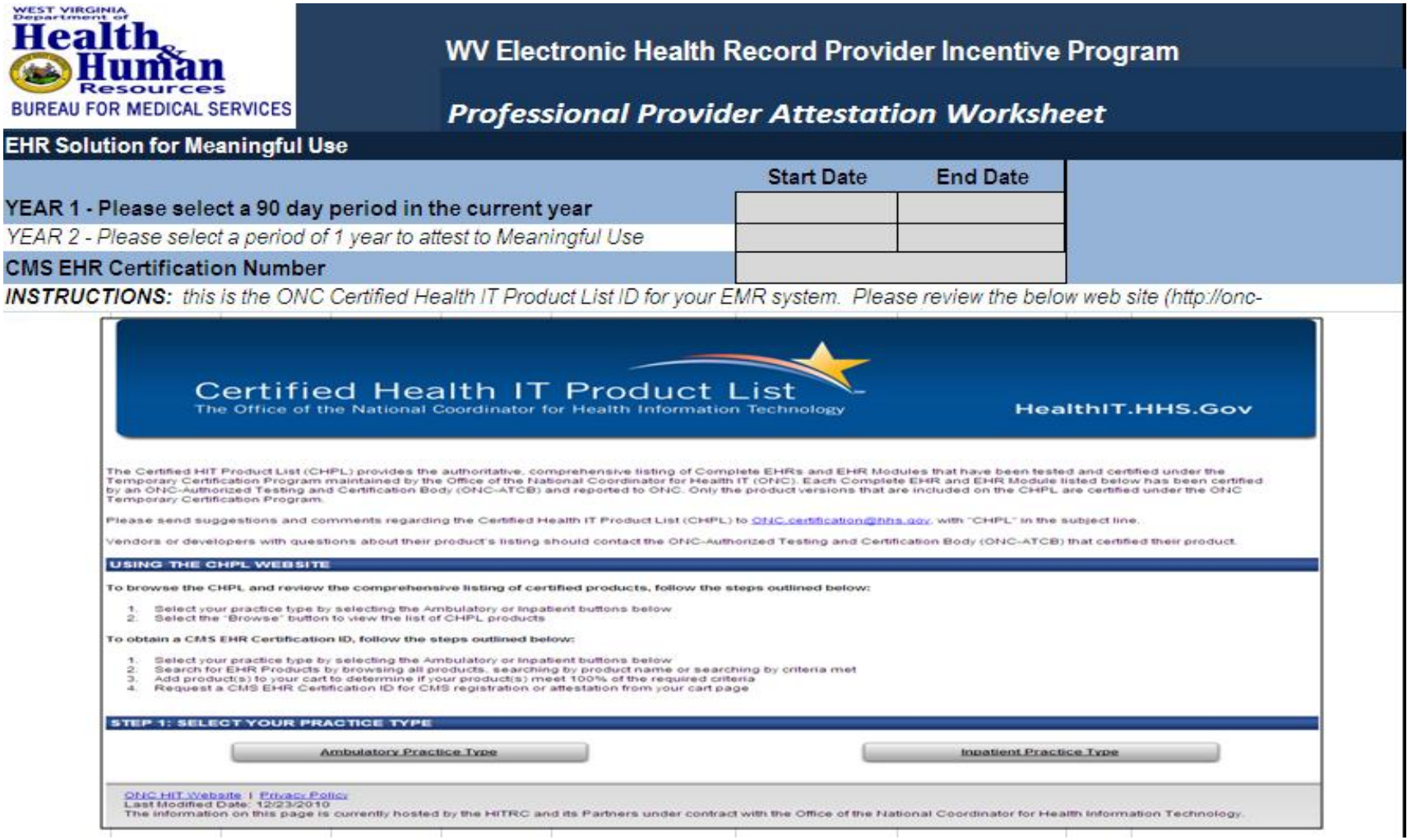

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES
WV Electronic Health Record Provider Incentive Program
Professional Provider Attestation Worksheet
EHR Solution for Meaningful Use
Start Date
End Date
YEAR 1 - Please select a 90 day period in the current year
YEAR 2 - Please select a period of 1 year to attest to Meaningful Use
CMS EHR Certification Number
INSTRUCTIONS: this is the ONC Certified Health IT Product List ID for your EMR system. Please review the below web site (http://onc-
Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov
The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.
Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.
Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.
USING THE CHPL WEBSITE
To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:
1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products
To obtain a CMS EHR Certification ID, follow the steps outlined below:
1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page
STEP 1: SELECT YOUR PRACTICE TYPE
Ambulatory Practice Type
Inpatient Practice Type
ONC HIT Website | Privacy Policy
Last Modified Date: 12/23/2010
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

Figure 5 - Provider EHR Incentive Workbook - EHR Certification Information Page (continued)

Only in the first year of participation, and only in the Medicaid EHR Incentive Program, eligible professionals (EPs) and eligible hospitals can receive incentive payments through an option called "adopt, implement, or upgrade," commonly known as "AIU." The AIU option is offered in recognition of EPs and hospitals that may not be ready to "meaningfully use" certified EHR technology in the first payment year, and additionally, may require initial up-front resources to "adopt, implement, or upgrade" the certified EHR technology required to participate in the program.

Briefly, the EHR final rule and regulations define AIU as follows:

Adopt: To "acquire, purchase, or secure access to certified EHR technology."

There is evidence that a provider demonstrated actual installation prior to the incentive, rather than "efforts" to install. We stated that this evidence would serve to differentiate between activities that may not result in installation (for example, researching EHRs or interviewing EHR vendors) and actual purchase/acquisition or installation. Acquisition or purchase does not necessarily mean the certified EHR technology is installed and functioning.

Implementation: To "install or commence utilization of certified EHR technology."

The provider has installed certified EHR technology and has started using the certified EHR technology in his or her clinical practice. Implementation activities would include staff training in the certified EHR technology, the data entry of their patients' demographic data into the EHR, or establishing data exchange agreements and relationships between the provider's certified EHR technology and other providers, such as laboratories and pharmacies.

Upgrade: To "expand the available functionality of certified EHR technology."

The provider has added clinical decision support, e-prescribing functionality, or other enhancements that facilitate the meaningful use of certified EHR technology. An example of upgrading that would qualify for the EHR incentive payment would be upgrading from an existing EHR to a newer version that is certified per the EHR certification criteria promulgated by the Office of the National Coordinator (ONC) related to meaningful use. Upgrading may also mean expanding the functionality of an EHR in order to render it certifiable per the ONC EHR certification criteria (http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204).

Field	Value	Description
Adopt/Implement/Upgrade	You must Select **Adopt, Implement or Upgrade** for YEAR 1 attestation.	*See Definition Above for Help with Selection*
YEAR 2 EHR Status	You must Select Meaningful Use for Years 2-6 and complete the Meaningful Use and Clinical Quality Measure reporting.	

COMMENT: An audit of your attestation may require you to produce documentation to prove the usage of the EMR/EHR solution attested to as well as it current usage/status.

3. Required Supporting Documentation

CMS and BMS recommends documentation be retained in case of audit. Providers must maintain records in accordance with Federal regulations for a period of 5 years, or 3 years after audits, with any and all exceptions having been declared resolved by BMS or the U.S. Department of Health and Human Services (DHHS).

The provider must make all records and documentation available upon request to BMS and/or DHHS. Such records and documentation must include but not be limited to:

- ❑ Financial Records
- ❑ Practicing Provider Information (credentials)
- ❑ Identification of Service Sites
- ❑ Dates of Service for Each Service Component by Patient
- ❑ Patient Records
- ❑ Invoices/lease agreement supporting Adopt/Implementation/Utilization(AIU)
- ❑ EMR Reports supporting Meaningful Use attestation

Please review BMS requirements and applicable provider manuals for the specific service requirements, retention periods and lists.

4. Obtaining an West Virginia (WV) Medicaid Management Information System (WVMMIS)Login

WV Medicaid providers must first have an account in West Virginia Provider Web portal (www.wvmmis.com) in order to gain access to the WV Provider Incentive payment system

To sign up for a login and password to the West Virginia Health PAS Online Provider portal, a Medicaid enrolled provider must visit https://www.wvmmis.com/xjRegManage/tradingPartnerRegRight.screen or contact WV Medicaid Provider Services staff at 888 483 0793 or via email at wvmmis@molinahealthcare.com.

5. Enrolling in WV Medicaid

Health care providers supporting WV Medicaid patients must be actively enrolled providers for the timeframe that they will attest to their Medicaid patient volume and Electronic Health Record usage as it pertains to meeting the regulations.

If the practicing provider meets the appropriate provider type and Medicaid volume requirements and is not actively enrolled as a West Virginia Medicaid provider, then the provider must enroll with Medicaid to proceed with West Virginia EHR Provider Incentive payment application. Please contact the WV Medicaid Provider Services Help Desk at 888-483-0793 between the hours of 8am and 5pm. New providers that enroll in Medicaid will not be immediately eligible under the regulations and must wait the appropriate time to meet both the meaningful usage timeframes and Medicaid patient volume timeframes. Providers who have questions about the current enrollment status, enrollment dates and enrolled type and specialty may also contact this number for assistance with enrollment.

6. Determine If Intend to Use Group/Clinic Medicaid Volume to meet Medicaid Volume Requirements

Providers may elect to use group practice or clinic locations encounter to achieve the 30% Medicaid volume requirement for incentive payment. If the provider elects to use the group or clinic total (as the proxy for encounter volume), all providers within that practice or location must follow suit if they intend to attest for incentive payment and report their volume using the practice or clinic NPI accordingly.

EPs may use a clinic or group practice's patient volume as a proxy under three conditions:

1. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
2. There is an auditable data source to support the clinic's patient volume determination;
3. So long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works in both the clinic and outside the clinic (or with and outside a group practice), then the clinic/practice level determination includes only those encounters associated with the clinic/practice.

7. Finding EMR Certification Number

The Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) is the body that tests and certifies electronic medical record (EMR) systems. If the EMR system is approved, it is assigned a certification number. The website below is the Certified Health IT Product List website to look up EMR certification number or even to register an EMR http://onc-chpl.force.com/ehrcert.

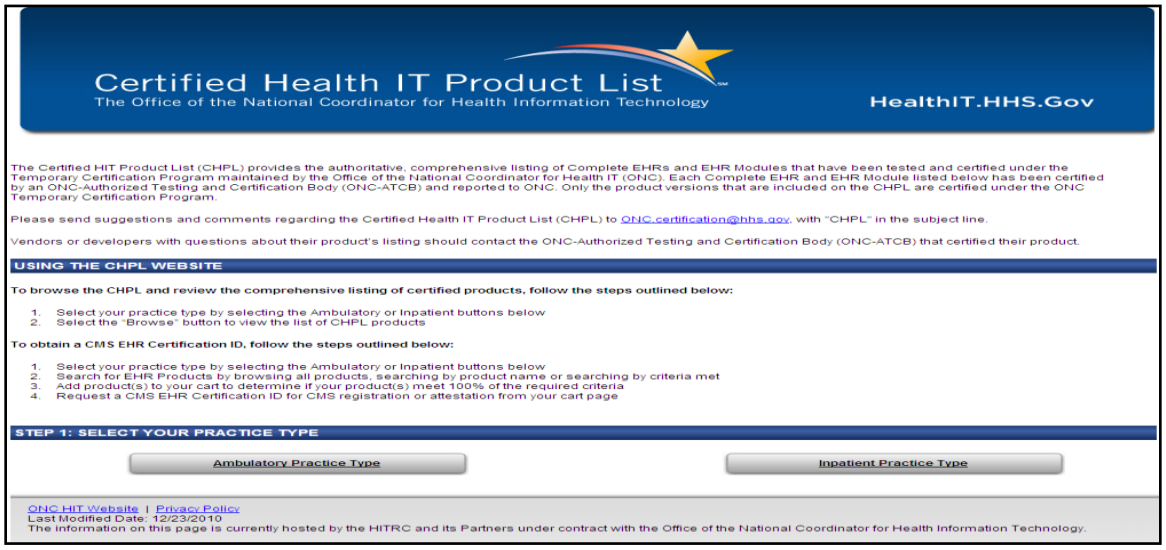

Certified Health IT Product List
The Office of the National Coordinator for Health Information Technology
HealthIT.HHS.Gov
The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.
Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.
Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.
USING THE CHPL WEBSITE
To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:
1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products
To obtain a CMS EHR Certification ID, follow the steps outlined below:
1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page
STEP 1: SELECT YOUR PRACTICE TYPE
Ambulatory Practice Type
Inpatient Practice Type
ONC HIT Website | Privacy Policy
Last Modified Date: 12/23/2010
The information on this page is currently hosted by the HITRC and its Partners under contract with the Office of the National Coordinator for Health Information Technology.

Figure 2.1 – Certified Health IT Product List window

8. System Requirements

To successfully use all features of the Provider Incentive Program (WV EHR Incentive Program), ensure that the computer system meets the following minimum requirements:

- PC has a reliable internet connection
- Web browser – The latest version of Microsoft® Internet Explorer is recommended (IE7.0 and higher). As versions of Internet Explorer become available it is recommended that these versions are used.
- Adobe® Acrobat Reader.

9. Navigation

Describe all of the different navigation options within the navigation section that are not discussed throughout the user guide.

9.1 Breadcrumbs

When a hyperlink is clicked, the appropriate web page is displayed to the right of the navigation bar. The breadcrumbs indicate the current position within the site. Breadcrumbs are a visual representation of pages and sub-pages followed to reach this page. Select the underlined name to return to the specific page. For the example screen, the breadcrumb translates to the following.

- The Meaningful Use Core Measures gray text that is not underlined in the breadcrumb indicates the current section. In this case it is the Meaningful Core Measures questions.
- The underlined text will display the page that it is assigned. For example:
    - Attest displays the Reason for Attestation page.
    - Attestations displays the Attestation Instructions page.

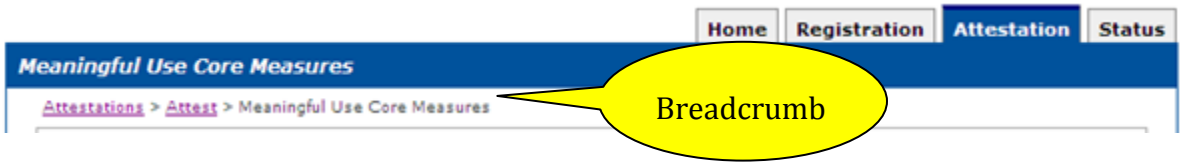


Figure 4.1 -- Breadcrumbs

9.2 Use of the Navigation Features

Every window of the WV EHR Incentive Program has a set of standard navigation features. The features are located on the upper right-hand corner of the application. Refer to Figure 4.2.

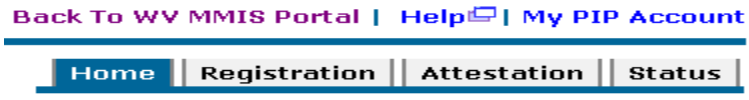


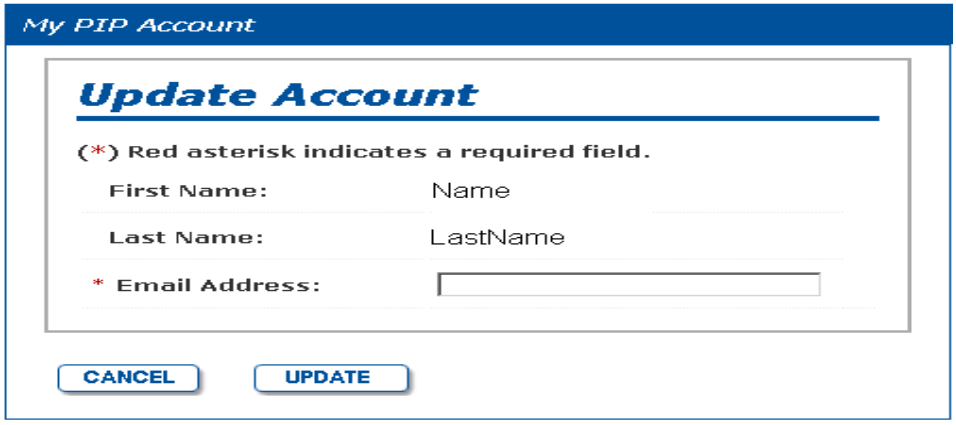
Figure 4.2 – Feature Description

9.2.1 Help Hyperlink

- Displays an electronic form of this document in a separate Internet Explorer window.

9.2.2 WV EHR Incentive Program Account Hyperlink

- Displays a screen with email address. WV EHR Incentive Program will use this email address to send notifications regarding the attestations. You may enter a new address, or update an existing one. Save changes by selecting the Update button. Press the Cancel button and changes will not be saved.



9.2.3 Back to WV MMIS Portal

- Displays the WV MMIS Portal Welcome screen. Refer to Figure 5.2.1.1 WV Welcome Screen.

9.2.4 Home Tab

- The Home tab displays the Home page.

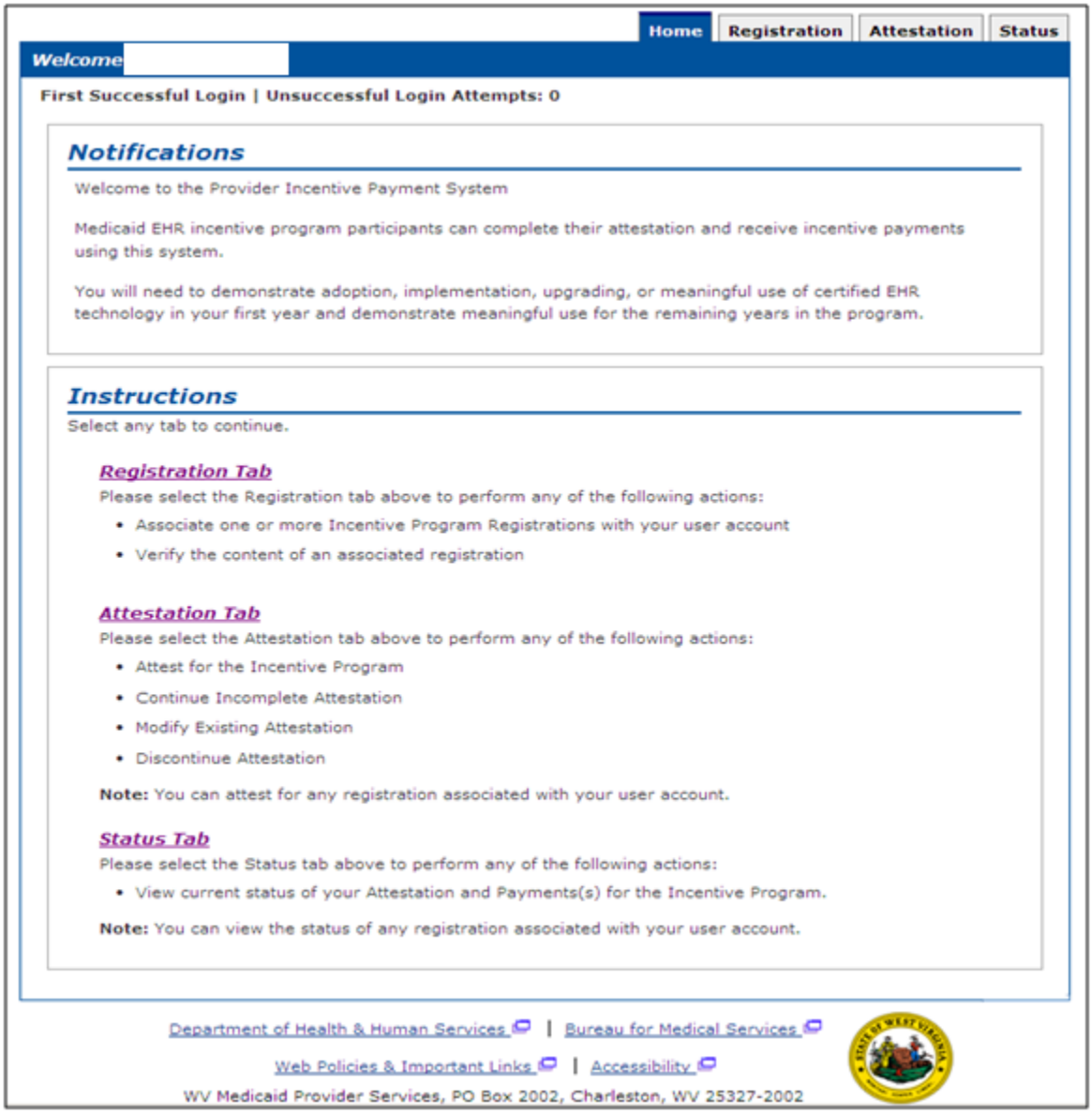

Home
Registration
Attestation
Status
Welcome
First Successful Login | Unsuccessful Login Attempts: 0
Notifications
Welcome to the Provider Incentive Payment System
Medicaid EHR incentive program participants can complete their attestation and receive incentive payments using this system.
You will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program.
Instructions
Select any tab to continue.
Registration Tab
Please select the Registration tab above to perform any of the following actions:
Associate one or more Incentive Program Registrations with your user account
Verify the content of an associated registration
Attestation Tab
Please select the Attestation tab above to perform any of the following actions:
Attest for the Incentive Program
Continue Incomplete Attestation
Modify Existing Attestation
Discontinue Attestation
Note: You can attest for any registration associated with your user account.
Status Tab
Please select the Status tab above to perform any of the following actions:
View current status of your Attestation and Payments(s) for the Incentive Program.
Note: You can view the status of any registration associated with your user account.
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 4.2.1 – Home page

9.2.5 Registration Tab

The Registration tab displays the registration instruction window. Refer to Figure 4.2.3.

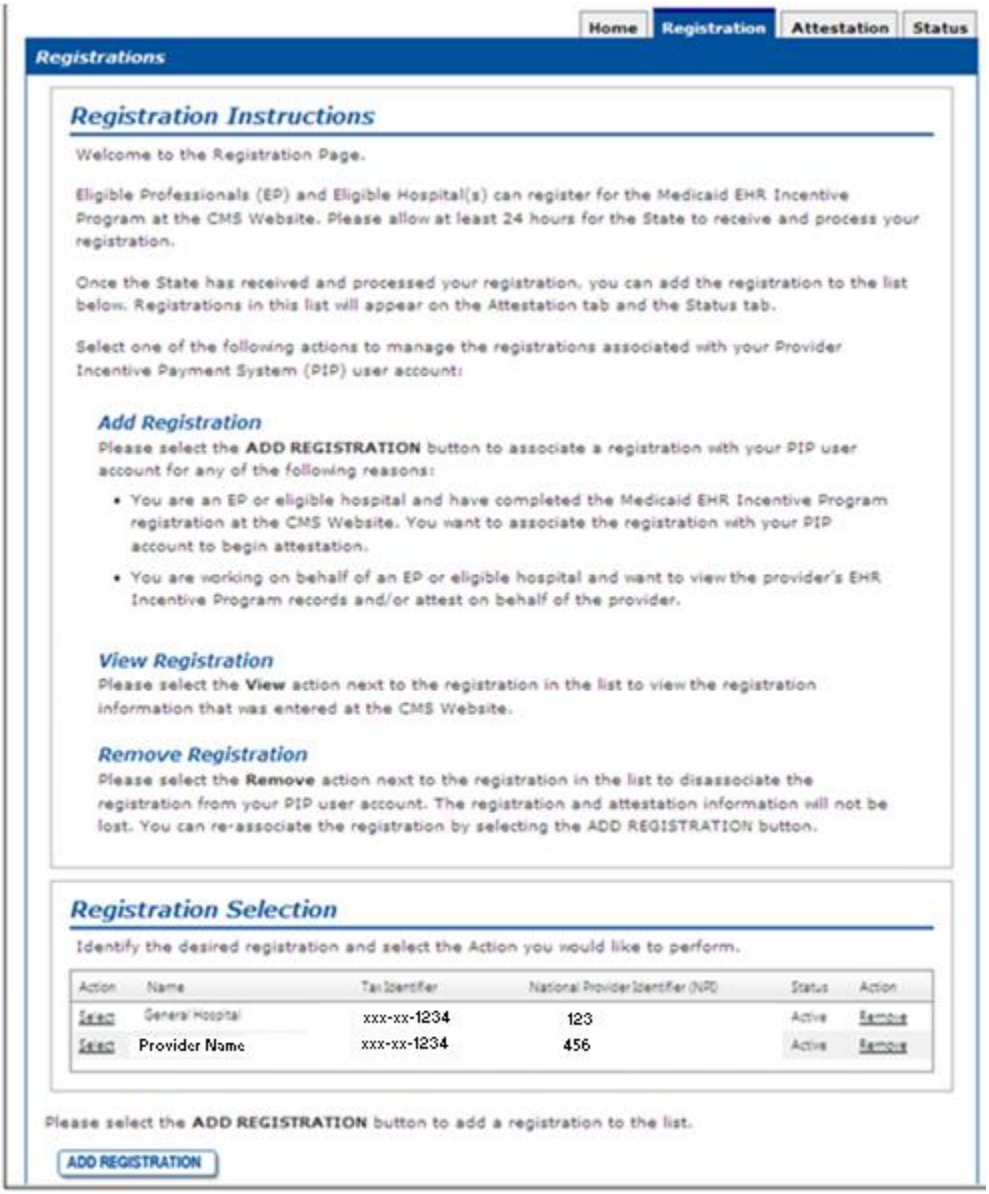

Home
Registration
Attestation
Status
Registrations
Registration Instructions
Welcome to the Registration Page.
Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.
Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.
Select one of the following actions to manage the registrations associated with your Provider Incentive Payment System (PIP) user account:
Add Registration
Please select the ADD REGISTRATION button to associate a registration with your PIP user account for any of the following reasons:
You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your PIP account to begin attestation.
You are working on behalf of an EP or eligible hospital and want to view the provider's EHR Incentive Program records and/or attest on behalf of the provider.
View Registration
Please select the View action next to the registration in the list to view the registration information that was entered at the CMS Website.
Remove Registration
Please select the Remove action next to the registration in the list to disassociate the registration from your PIP user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.
Registration Selection
Identify the desired registration and select the Action you would like to perform.
Action
Name
Tax Identifier
National Provider Identifier (NPI)
Status
Action
Select
General Hospital
xxx-xx-1234
123
Active
Remove
Select
Provider Name
xxx-xx-1234
456
Active
Remove
Please select the ADD REGISTRATION button to add a registration to the list.
ADD REGISTRATION

Figure 4.2.3 – Registration Window

9.2.6 Attestation Tab

The Attestation tab displays the Attestation home page. Refer to Figure 4.2.4.

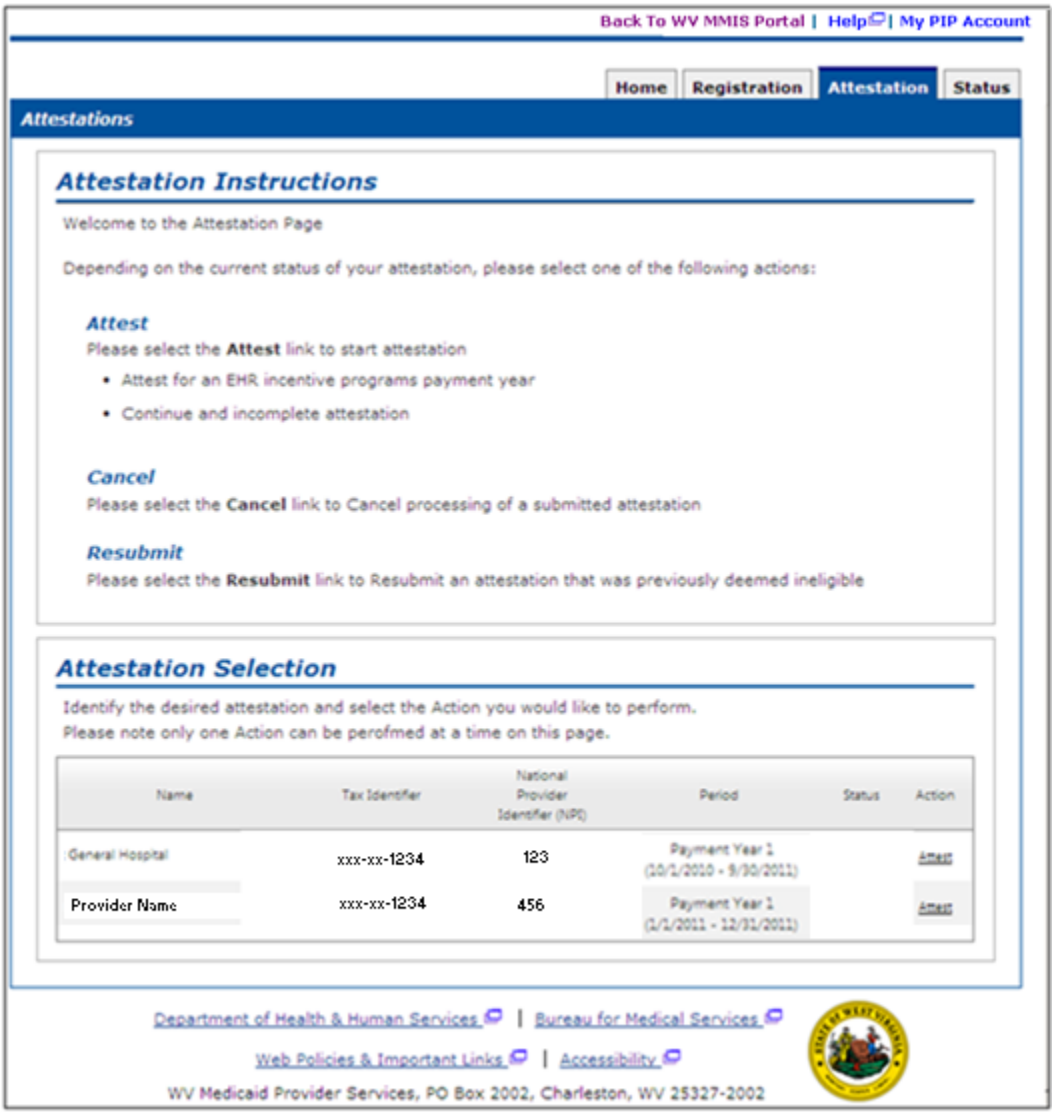

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Attestations
Attestation Instructions
Welcome to the Attestation Page
Depending on the current status of your attestation, please select one of the following actions:
Attest
Please select the Attest link to start attestation
Attest for an EHR incentive programs payment year
Continue and incomplete attestation
Cancel
Please select the Cancel link to Cancel processing of a submitted attestation
Resubmit
Please select the Resubmit link to Resubmit an attestation that was previously deemed ineligible
Attestation Selection
Identify the desired attestation and select the Action you would like to perform.
Please note only one Action can be perofmed at a time on this page.
Name
Tax Identifier
National Provider Identifier (NPI)
Period
Status
Action
General Hospital
xxx-xx-1234
123
Payment Year 1 (10/1/2010 - 9/30/2011)
Amend
Provider Name
xxx-xx-1234
456
Payment Year 1 (1/1/2011 - 12/31/2011)
Amend
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 4.2.4 – Attestation Tab

9.2.7 The Standard Buttons

There are certain buttons found below the fields of each functional window that enables certain actions. The available actions depend on the purpose of the window. The most common buttons associated with WV EHR Incentive Payment Program are the Previous Page and the Save and Continue buttons. The Previous Page button displays the previous page in page sequence. The Save and Continue button must be selected. If not, any entries in the window are lost and must be reentered. Figure 9.2.6A Submit button is also an option and is used when the user is ready to submit the answers for review and possible payment. Refer to Figure 4.2.6.

Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 9.2.6 – Standard Buttons

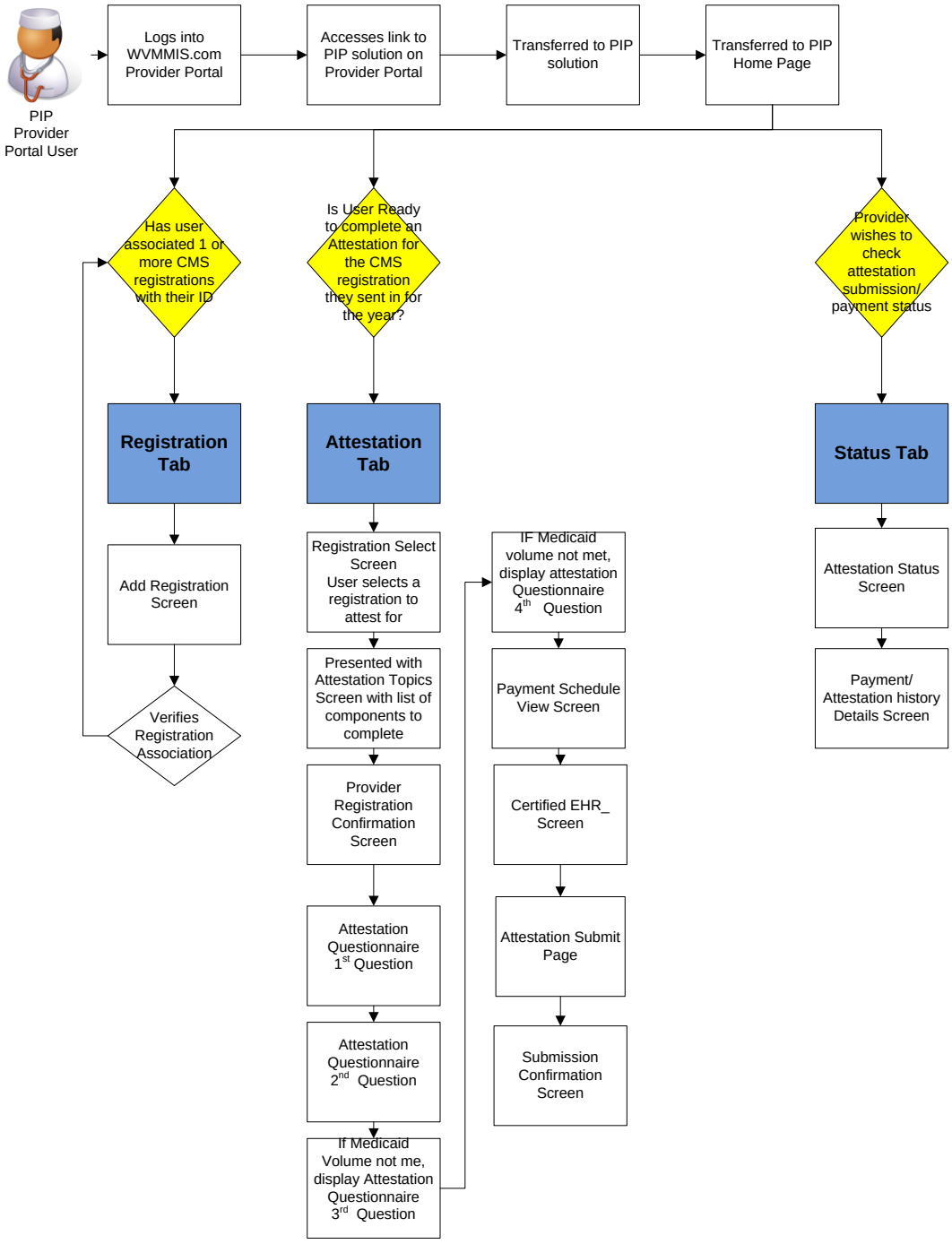
10. Using the WV EHR Incentive Program Application

The WV EHR Incentive Program application guides the user through the CMS required questions to determine if a provider is eligible to receive provider incentive payments. A workbook that contains the questions and the rules outlined by CMS is available and provides areas where answers may be recorded. A provider may enter the information or assign someone to enter the information on their behalf.

The list below contains the different sections. Each section is discussed in detail.

- Pre-eligibility Checks, which is done on the receipt of a registration ID from CMS.
- Log into the WV EHR Incentives instructions
- How to Register a provider
- Entry of Eligibility responses
    - Respond to practice setting
    - Respond with Medicaid volume and determine if the amount is accurate. If not, then determine if certain criteria are met.
- Payment Schedule
- Entry of CMS EHR information
- Submit Attestation

The figure below is a pictorial view of the WV EHR Incentive Program application steps.


PIP Provider Portal User
Logs into WVMMIS.com Provider Portal
Accesses link to PIP solution on Provider Portal
Transferred to PIP solution
Transferred to PIP Home Page
Has user associated 1 or more CMS registrations with their ID
Is User Ready to complete an Attestation for the CMS registration they sent in for the year?
Provider wishes to check attestation submission/ payment status
Registration Tab
Attestation Tab
Status Tab
Add Registration Screen
Verifies Registration Association
Registration Select Screen User selects a registration to attest for
Presented with Attestation Topics Screen with list of components to complete
Provider Registration Confirmation Screen
Attestation Questionnaire 1st Question
Attestation Questionnaire 2nd Question
If Medicaid Volume not me, display Attestation Questionnaire 3rd Question
IF Medicaid volume not met, display attestation Questionnaire 4th Question
Payment Schedule View Screen
Certified EHR_ Screen
Attestation Submit Page
Submission Confirmation Screen
Attestation Status Screen
Payment/ Attestation history Details Screen

10.1 Pre-eligibility check on receipt of CMS registration ID

When a registration is completed on the CMS site, the registration information is sent to the WV EHR Incentive Solution. The system will receive the registration and execute the following checks. The end result is that the pre-eligibility checks will determine if the provider is eligible or not.

The system will access the provider's Medicaid Enrollment records that are stored within the databases to determine if the provider is actively enrolled in the Medicaid program.

Enrollment Check

- The solution will check if the provider was actively enrolled in Medicaid for the attestation period (any 90 days for Year 1) and the entire calendar year for Years 2-6.

Provider Type Specialty Check

Actively enrolled as Medicaid Providers with West Virginia Medicaid **with one of the below provider types/specialties:**

- Physicians (primarily doctors of medicine and doctors of osteopathy)
- Nurse practitioner
- Certified nurse mid-wife) Certified nurse-midwife
- Dentist
- Physician assistant who furnishes services in a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

The provider must meet the system's preliminary eligibility checks to be eligible to continue with attestation for Incentive Payment. If these checks are not met, the provider is considered to be ineligible by the system.

The WV EHR Incentive Payment Solution will send the CMS NLR an update file with the preliminary determined eligibility status of the provider for the Incentive Program under Medicaid. It will also send an email indicating the status of the WV Provider's Medicaid registration eligibility check to the email address that was entered during registration. This email will indicate eligibility status. If the status shows the provider is ineligible, the email will contain the eligibility checks that were not met and information on contacting the West Virginia Provider Services Help Desk if the provider feels this is in error.

If the WV EHR Incentive Payment solution finds the provider ineligible, a user attempting to add the provider's registration to the user account to continue the application process for EHR Incentive payment will not be able to add the registration for the ineligible provider. The system then prevents the provider from continuing with the attestation process unless the status is found to be eligible and the system status is changed.

At this point, WV Provider Services representatives will have the ability to review and determine if the systematic eligibility status is valid or invalid for the provider. Providers may contact the provider services help desk to assist with the denial of the registration. WV Medicaid Provider Services Help Desk may be contacted at 888-483-0793 between the hours of 8am and 5pm.

The provider will then work with the representative via phone/email regarding the registration eligibility status and may be asked to resubmit registration with the NLR to proceed. Depending on the situation, the provider services user may also be able to override the system and manually approve the provider's eligibility and allow the provider to attest.

.

10.2 Login to the WV EHR Incentive Solution

This section provides instructions on how to start the WV EHR Incentive Solution application and logging into the system to use the application. Please obtain authorization from the registering provider to enter the data on their behalf.

10.2.1 Starting WV EHR Incentive Program application

The application runs on the Internet. Execute the following steps to start the application.

1. Access the WVMMIS.com main page. An example is below.

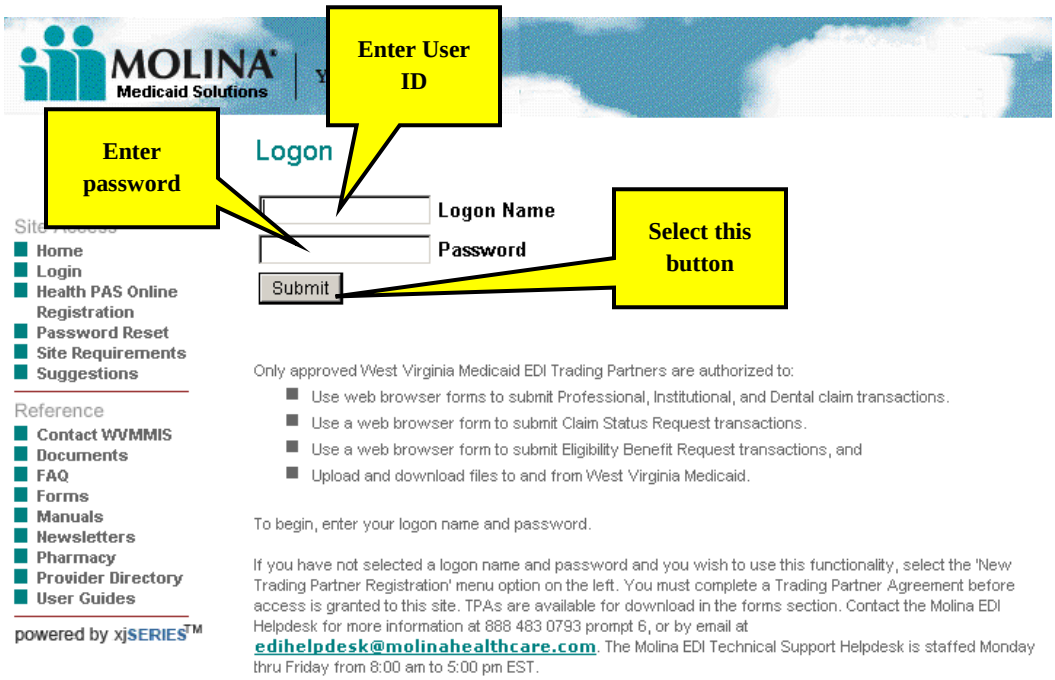

MOLINA
Medicaid Solutions
Enter User ID
Enter password
Logon
Logon Name
Password
Submit
Select this button
Home
Login
Health PAS Online Registration
Password Reset
Site Requirements
Suggestions
Reference
Contact WVMMIS
Documents
FAQ
Forms
Manuals
Newsletters
Pharmacy
Provider Directory
User Guides
powered by xjSERIES
Only approved West Virginia Medicaid EDI Trading Partners are authorized to:
Use web browser forms to submit Professional, Institutional, and Dental claim transactions.
Use a web browser form to submit Claim Status Request transactions.
Use a web browser form to submit Eligibility Benefit Request transactions, and
Upload and download files to and from West Virginia Medicaid.
To begin, enter your logon name and password.
If you have not selected a logon name and password and you wish to use this functionality, select the 'New Trading Partner Registration' menu option on the left. You must complete a Trading Partner Agreement before access is granted to this site. TPAs are available for download in the forms section. Contact the Molina EDI Helpdesk for more information at 888 483 0793 prompt 6, or by email at edihelpdesk@molinahealthcare.com. The Molina EDI Technical Support Helpdesk is staffed Monday thru Friday from 8:00 am to 5:00 pm EST.

Figure 5.2.1.1 – WV Login Screen

2. Prepare to Logon by entering in Logon Name and Password in the appropriate entry boxes and select Submit

    - Enter Provider Web portal user ID.
    - Enter Provider Web portal password.
    - Select Submit button.

3. On the **Welcome** window, select the **WV EHR Incentive Program** option to display the **Provider Incentive Program About This Site** window. Refer to Figure 5.2.2.2.

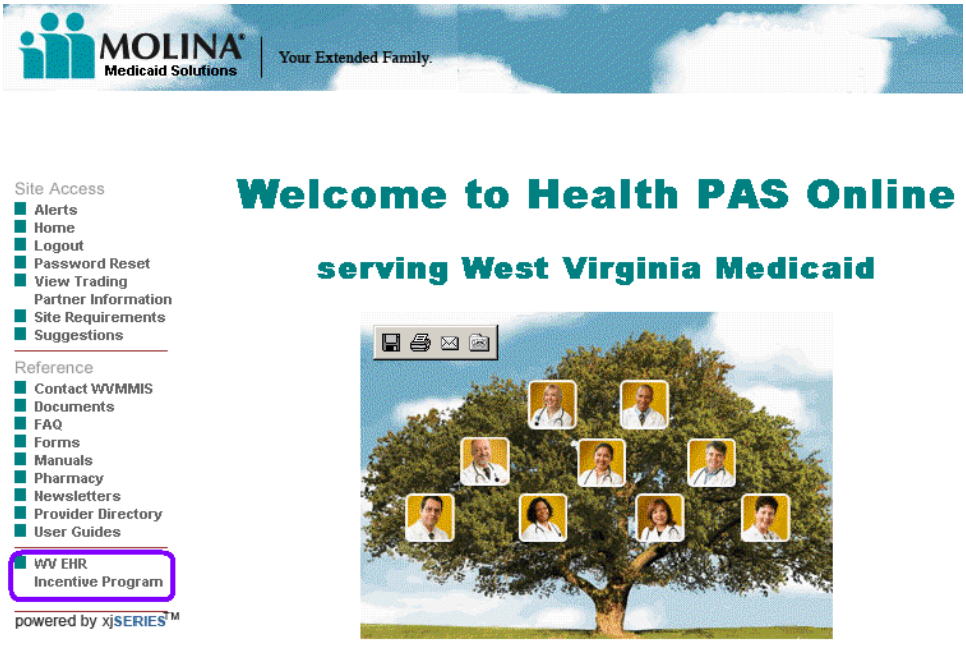


Figure 5.2.1.1 – WV Welcome Screen

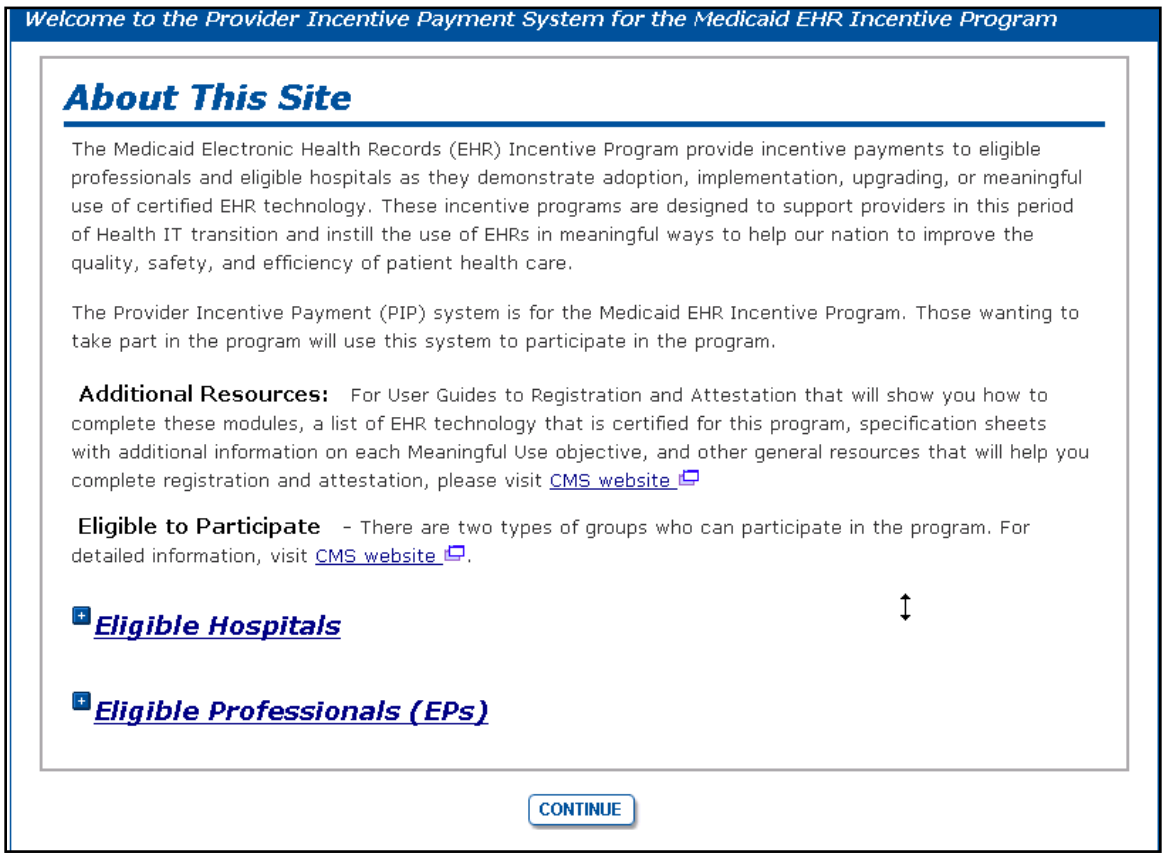

Welcome to the Provider Incentive Payment System for the Medicaid EHR Incentive Program
About This Site
The Medicaid Electronic Health Records (EHR) Incentive Program provide incentive payments to eligible professionals and eligible hospitals as they demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology. These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety, and efficiency of patient health care.
The Provider Incentive Payment (PIP) system is for the Medicaid EHR Incentive Program. Those wanting to take part in the program will use this system to participate in the program.
Additional Resources: For User Guides to Registration and Attestation that will show you how to complete these modules, a list of EHR technology that is certified for this program, specification sheets with additional information on each Meaningful Use objective, and other general resources that will help you complete registration and attestation, please visit CMS website
Eligible to Participate - There are two types of groups who can participate in the program. For detailed information, visit CMS website.
Eligible Hospitals
Eligible Professionals (EPs)
CONTINUE

Figure 5.2.1.2 – Provider Incentive About this Site Page

4. On the **Provider Incentive About This Site** window, select the **Continue** button to display the **Provider Incentive Program Notifications** window. Refer to Figure 5.2.2.3.

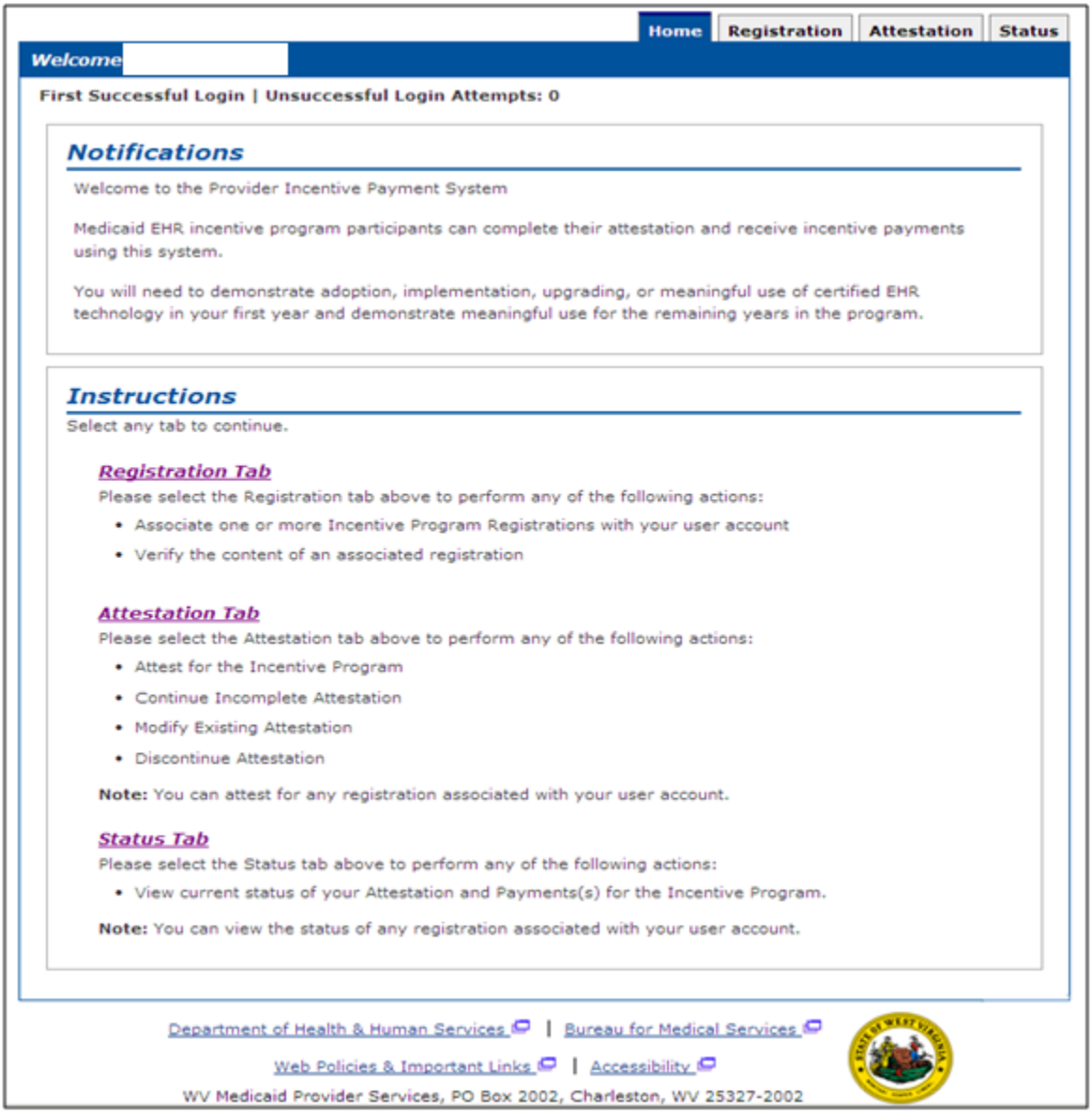

Home
Registration
Attestation
Status
Welcome
First Successful Login | Unsuccessful Login Attempts: 0
Notifications
Welcome to the Provider Incentive Payment System
Medicaid EHR incentive program participants can complete their attestation and receive incentive payments using this system.
You will need to demonstrate adoption, implementation, upgrading, or meaningful use of certified EHR technology in your first year and demonstrate meaningful use for the remaining years in the program.
Instructions
Select any tab to continue.
Registration Tab
Please select the Registration tab above to perform any of the following actions:
Associate one or more Incentive Program Registrations with your user account
Verify the content of an associated registration
Attestation Tab
Please select the Attestation tab above to perform any of the following actions:
Attest for the Incentive Program
Continue Incomplete Attestation
Modify Existing Attestation
Discontinue Attestation
Note: You can attest for any registration associated with your user account.
Status Tab
Please select the Status tab above to perform any of the following actions:
View current status of your Attestation and Payments(s) for the Incentive Program.
Note: You can view the status of any registration associated with your user account.
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.2.1.3 – Home Page

10.3 Registering a Provider within WV EHR Incentive Program

A registration number is a key component to the process. It is used along with the National Provider Identifier (NPI) to uniquely identify the provider. It is used within the CMS environment to identify the provider and the provider incentive status. A registration ID is required in order to register and execute the attestation steps. A registration ID is obtained after

using the CMS website to register the provider. The URL to CMS registration site is below. Please contact CMS if additional help is needed when using this URL.

- https://ehrincentives.cms.gov/hitech/login.action

After executing the CMS registration process, **please wait at least 48 hours** before executing this step. This allows CMS time to send the information to the WV EHR Incentive Program application.

The Register tab allows the user to associate one or more provider registrations to the ID, view registration IDs that are attached to the user's ID, and remove any provider registrations. Please obtain authorization from the provider to enter the data on their behalf.

Registering the provider must be done before the user is allowed to attest. This step ensures that only the appropriate individual has access to the provider's information and can enter in the data needed for attestation.

1. To view, add, and remove registrations, click the **Registration** tab on the navigation bar.

Figure 5.3.1 – Registration tab

2. The Registration home page displays. Refer to Figure –5.3.2.

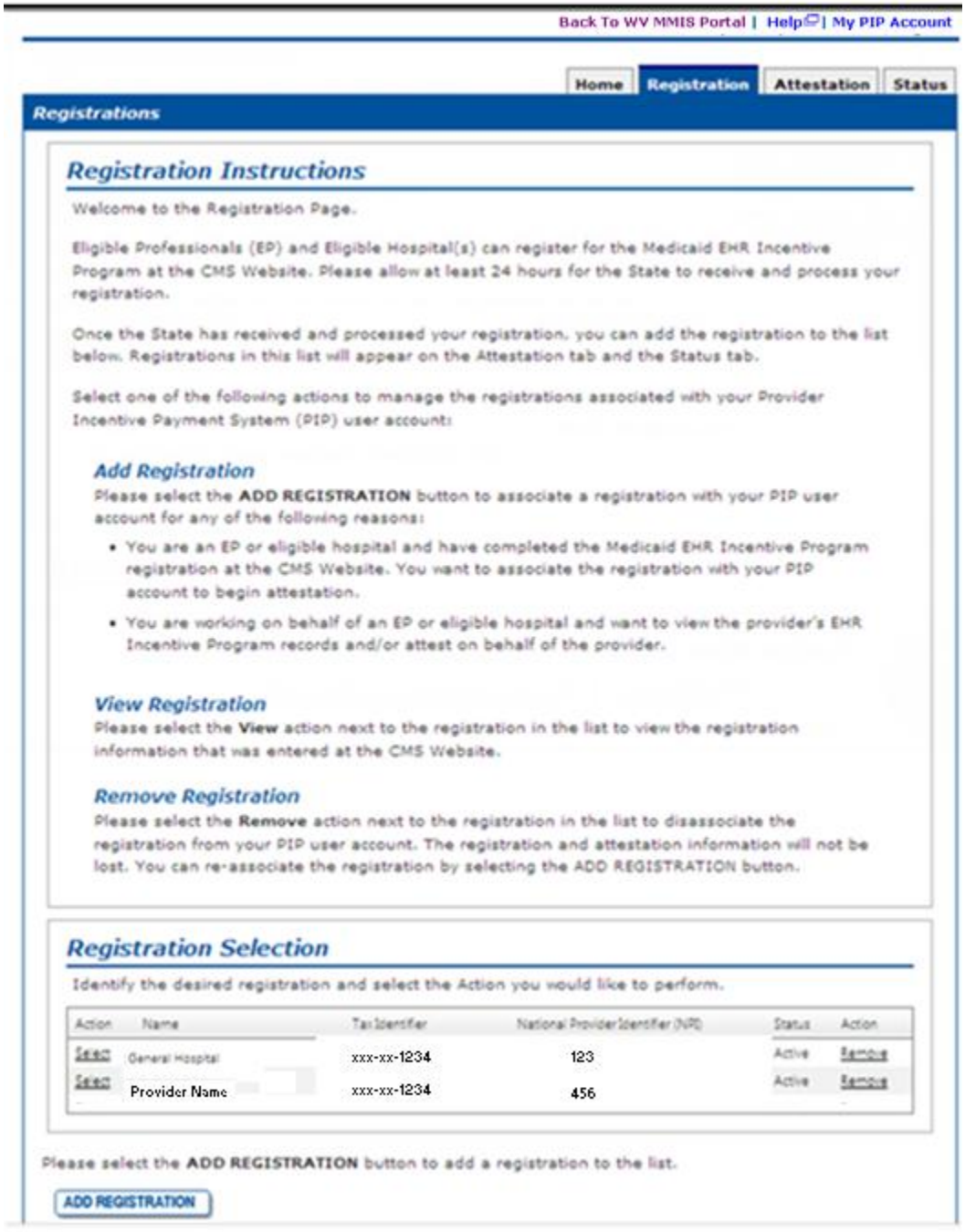

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Registrations
Registration Instructions
Welcome to the Registration Page.
Eligible Professionals (EP) and Eligible Hospital(s) can register for the Medicaid EHR Incentive Program at the CMS Website. Please allow at least 24 hours for the State to receive and process your registration.
Once the State has received and processed your registration, you can add the registration to the list below. Registrations in this list will appear on the Attestation tab and the Status tab.
Select one of the following actions to manage the registrations associated with your Provider Incentive Payment System (PIP) user account:
Add Registration
Please select the ADD REGISTRATION button to associate a registration with your PIP user account for any of the following reasons:
You are an EP or eligible hospital and have completed the Medicaid EHR Incentive Program registration at the CMS Website. You want to associate the registration with your PIP account to begin attestation.
You are working on behalf of an EP or eligible hospital and want to view the provider's EHR Incentive Program records and/or attest on behalf of the provider.
View Registration
Please select the View action next to the registration in the list to view the registration information that was entered at the CMS Website.
Remove Registration
Please select the Remove action next to the registration in the list to disassociate the registration from your PIP user account. The registration and attestation information will not be lost. You can re-associate the registration by selecting the ADD REGISTRATION button.
Registration Selection
Identify the desired registration and select the Action you would like to perform.
Action
Name
Tax Identifier
National Provider Identifier (NPI)
Status
Action
Select
General Hospital
xxx-xx-1234
123
Active
Remove
Select
Provider Name
xxx-xx-1234
456
Active
Remove
Please select the ADD REGISTRATION button to add a registration to the list.
ADD REGISTRATION

Figure 5.3.2 –Registration Tab - Registration Home Page

3. The Registration home page lists all registrations that you have added. If you have not added any, the Registration Selection section will display "No records to display" as shown in the figure below.

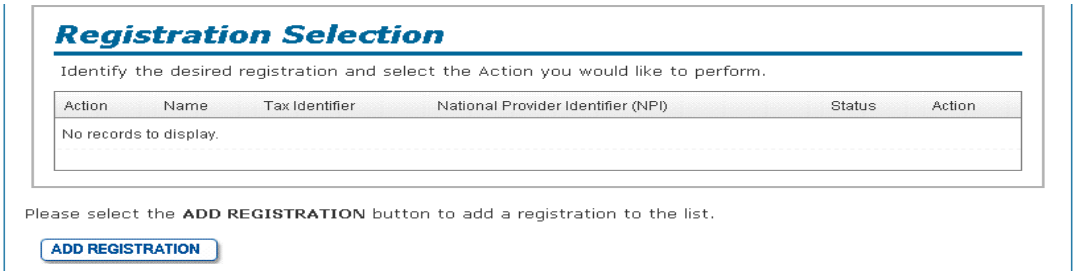

Registration Selection
Identify the desired registration and select the Action you would like to perform.
Action
Name
Tax Identifier
National Provider Identifier (NPI)
Status
Action
No records to display.
Please select the ADD REGISTRATION button to add a registration to the list.
ADD REGISTRATION

Figure 5.3.2 –Registration Tab– No Records to Display

4. The registration sections below explains the options that are available on the Registration home page, which are Add Registration, Select, and Remove.

10.3.1 Registration – Add option

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Registrations
Add Registration
(*) Red asterisk indicates a required field.
Add a registration to your registrations list so that you can attest for the associated provider or simply view the attestation status and payment status of the registration account. The registration must have been completed at the CMS Website and received by the State. Please allow at least 24 hours for the State to receive and process a new or updated registration.
Enter the Registration ID you received in the submission receipt at the end of the CMS EHR incentive program registration process. Also enter the NPI of the provider associated with the registration.
WARNING: If the registration is for a provider other than yourself, you must receive authorization from the provider associated with the registration before adding the registration to your list.
* Registration ID:
* NPI:
CANCEL
ADD
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.3.1.1 – Registration Tab – Add Registration

1. Click the **Add Registration** button on the **Registration** home page.
2. Enter registration ID obtained from the CMS website.
3. Enter the provider's NPI.
4. Click the **Add** button.
5. The system validates that the registration ID is a valid ID assigned by CMS and that the correct NPI was entered.
6. If valid, the registration ID and NPI is associated with the user ID. The Registration Information window displays with the registration information that was entered. Refer to Figure 5.3.1.2.
7. The **Previous Page** button returns to the **Registration** home page.

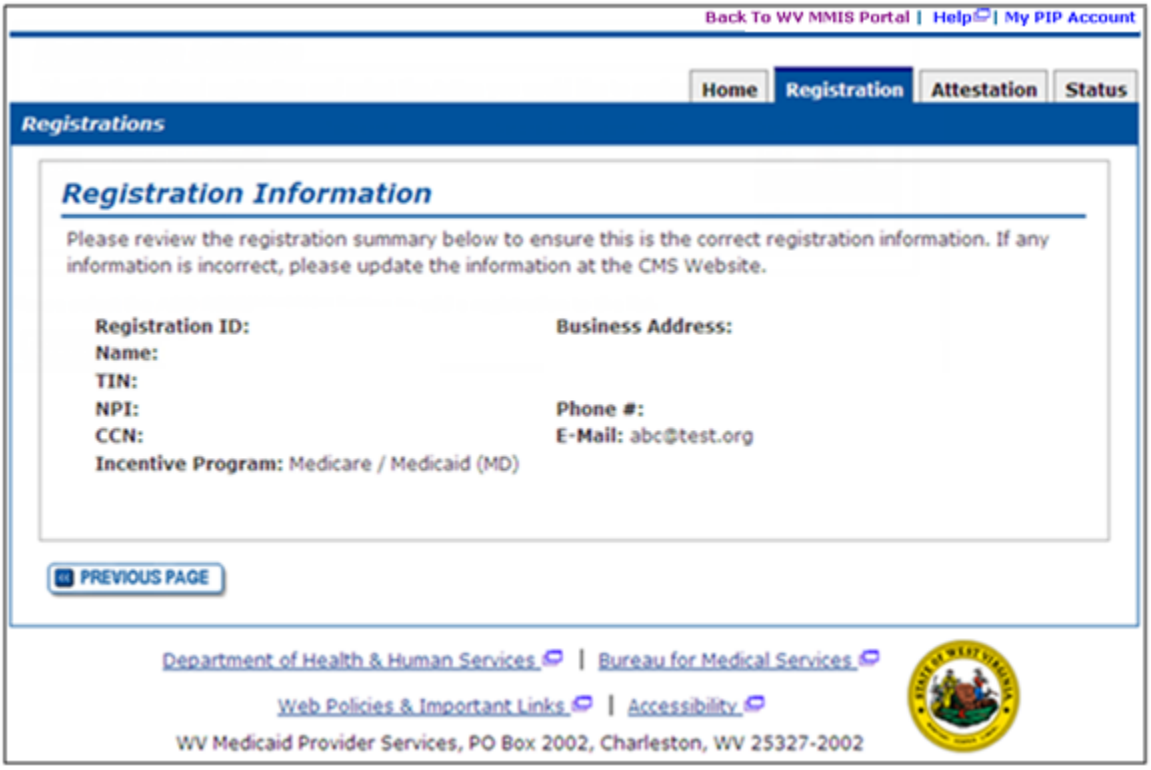
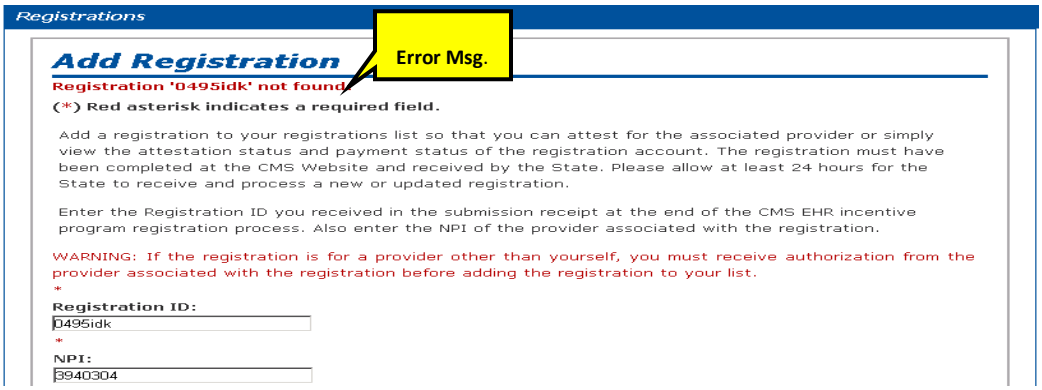

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Registrations
Registration Information
Please review the registration summary below to ensure this is the correct registration information. If any information is incorrect, please update the information at the CMS Website.
Registration ID:
Name:
TIN:
NPI:
CCN:
Incentive Program: Medicare / Medicaid (MD)
Business Address:
Phone #:
E-Mail: abc@test.org
PREVIOUS PAGE
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.3.1.2 – Registration Tab - Registration Information Window

If invalid, an error message displays. The Add Registration page continues to display until the information is entered correctly or a navigation option is selected.


Registrations
Add Registration
Error Msg.
Registration '0495idk' not found.
(*) Red asterisk indicates a required field.
Add a registration to your registrations list so that you can attest for the associated provider or simply view the attestation status and payment status of the registration account. The registration must have been completed at the CMS Website and received by the State. Please allow at least 24 hours for the State to receive and process a new or updated registration.
Enter the Registration ID you received in the submission receipt at the end of the CMS EHR incentive program registration process. Also enter the NPI of the provider associated with the registration.
WARNING: If the registration is for a provider other than yourself, you must receive authorization from the provider associated with the registration before adding the registration to your list.
*
Registration ID:
0495idk
*
NPI:
3940304

The most common reasons why an error occurs:

- Information entered incorrectly. Correct the mistakes.
- If necessary, access the CMS website to check the information or add a registration.
- The registration ID will not be found if 48 hours has not expired after registering on the CMS web site.

The Cancel button is an additional option that is available. Clicking the Cancel button does not add the registration ID and the Registration home page displays. No additional registration ID displays.

10.3.2 Registration – Select Option

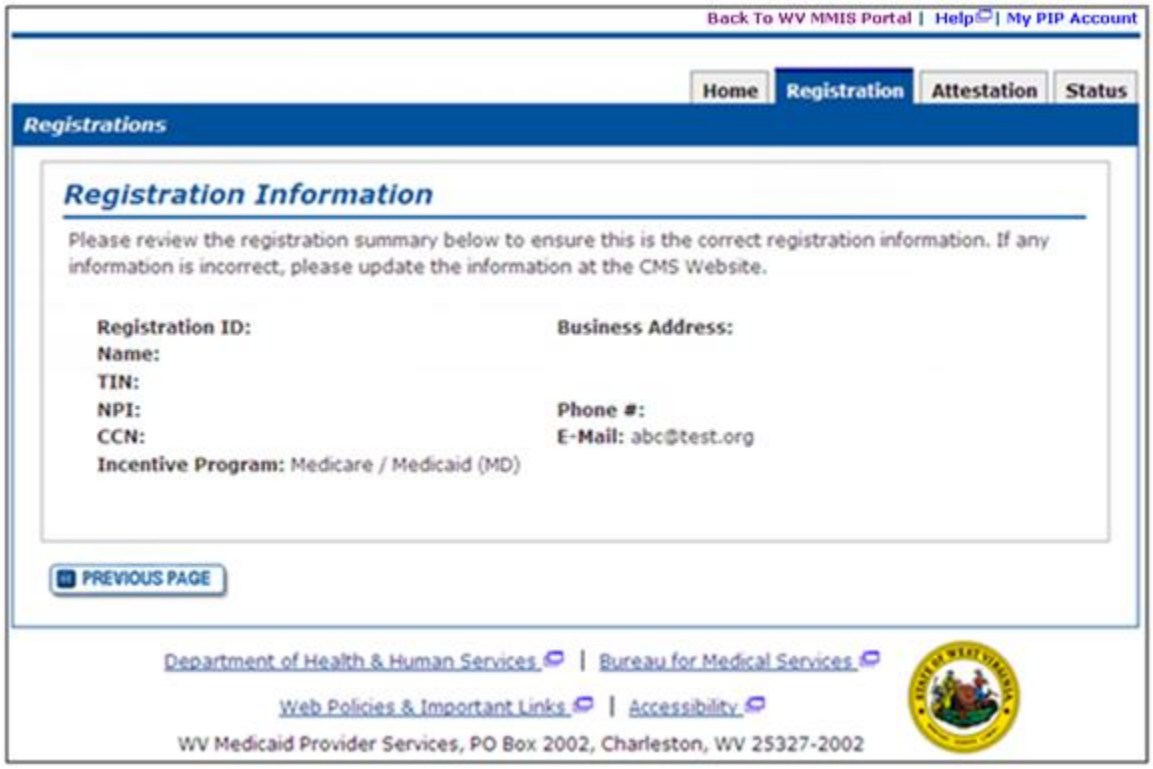

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Registrations
Registration Information
Please review the registration summary below to ensure this is the correct registration information. If any information is incorrect, please update the information at the CMS Website.
Registration ID:
Name:
TIN:
NPI:
CCN:
Incentive Program: Medicare / Medicaid (MD)
Business Address:
Phone #:
E-Mail: abc@test.org
PREVIOUS PAGE
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.3.2.1 – Registration Tab - Registration Information Window

8. Click the **Select** hyperlink and the registration details displays for the registration ID selected. Refer to Figure 5.3.3.1.

10.3.3 Registration – Remove Option

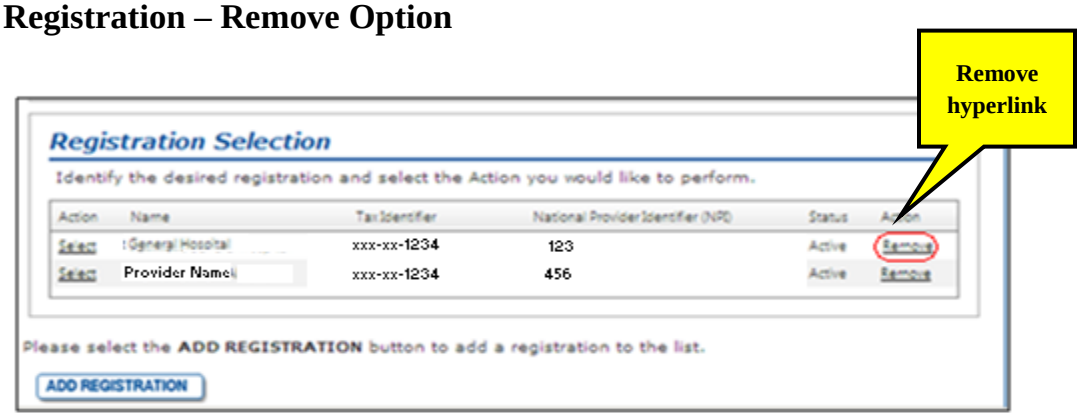


Figure 5.3.3.1 – Registration Tab – Remove Option

1. The Remove hyperlink next to a registration ID removes the registration ID from the user ID. The registration ID no longer displays in the registration and in the Attestation window. Refer to Figure 5.3.3.1
2. The registration ID is still available for the user to reassign by executing the add registration steps. The data that was entered is saved. NOTE: If someone also registered the provider, the data that was entered by this user will display.

10.4 Attestation

Once the provider has passed WV EHR Incentive Payment basic eligibility check, the provider will associate the user ID with one or more registration ID's relating the provider's CMS Incentive Registration by registering as outlined in Section 10.3.1. The provider will then select a registration and continue with populating the provider's attestation for that year. The solution will walk the eligible provider through a series of Incentive Attestation screens that directly relate to the provider workbook the state has provided to assist the provider with completing attestation. The provider must complete these questions in order to proceed with submitting the attestation and potentially receiving payment.

The workbook provides the answers that will be entered in the appropriate screen so that the provider is prepared for answering all related questions prior to beginning the attestation process.

The Attestation workflow consists of the following topics. The application will guide the user through the topics. A topic does not become active until the prerequisite topic is completed. Each topic will be addressed.

- Verify Registration Information
  - Verify the provider information is the correct provider.
  - Ability to indicate proxy usage
- Eligibility Screens
  - These screens walk the provider through the attestation specific eligibility questions that he must complete to be validated as an eligible provider for the Incentive Program
    - These screens include:
      - Questions on provider practice location
      - Questions on provider Medicaid volume
- Payment Screens
  - These screens walk the provider through the expected payment schedule and questions related
- Adopt, Implement, or Upgrade Certified EHR Technology Screen
  - This screen validates that the provider is indeed using a valid EHR solution for the purposes of supporting Meaningful Use in Years 2-6.

To access the Attestation process, select the Attestation Tab.

Figure 5.4.1 – Attestation Tab

When selected, the Attestation Instructions page displays. This page displays the registration ID's that are assigned to the user.

The user does not need to complete the Attestation process in one sitting. Each screen in the Attestation flow has a Save and Continue button. This will save changes and allow the user to stop at any time without the loss of data that was entered on that page. The attestation process does not allow the user to skip forward to screens or jump past a screen without entering data. The user may edit answers until the attestation is submitted.

To start the attestation process:

1. Select the Attestation option on the row for the Registration information.

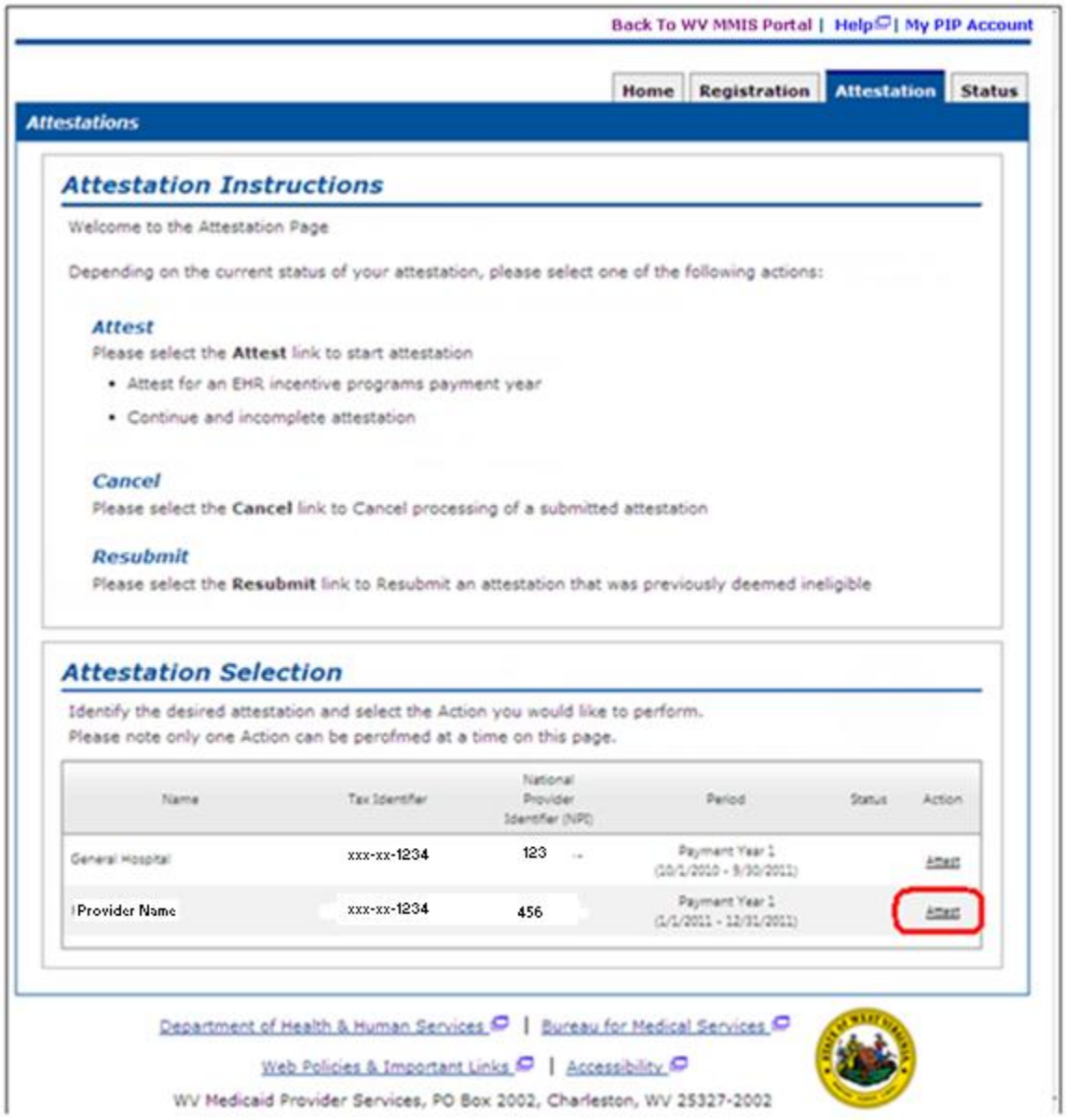

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Attestations
Attestation Instructions
Welcome to the Attestation Page
Depending on the current status of your attestation, please select one of the following actions:
Attest
Please select the Attest link to start attestation
Attest for an EHR incentive programs payment year
Continue and incomplete attestation
Cancel
Please select the Cancel link to Cancel processing of a submitted attestation
Resubmit
Please select the Resubmit link to Resubmit an attestation that was previously deemed ineligible
Attestation Selection
Identify the desired attestation and select the Action you would like to perform.
Please note only one Action can be perofmed at a time on this page.
Name
Tax Identifier
National Provider Identifier (NPI)
Period
Status
Action
General Hospital
xxx-xx-1234
123
Payment Year 1
(10/1/2010 - 9/30/2011)
Attest
Provider Name
xxx-xx-1234
456
Payment Year 1
(1/1/2011 - 12/31/2011)
Attest
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.4.2 – Attestations Tab – Attestation Selection

2. Review the Attestation status displayed on the Attestation Topics Page. If the provider is not listed, please select the Status tab. The Status tab will display the current attestation. Locate the provider in the list to see the error that prevented the provider from executing the attestation process.
3. The topics available on this page are as follows.

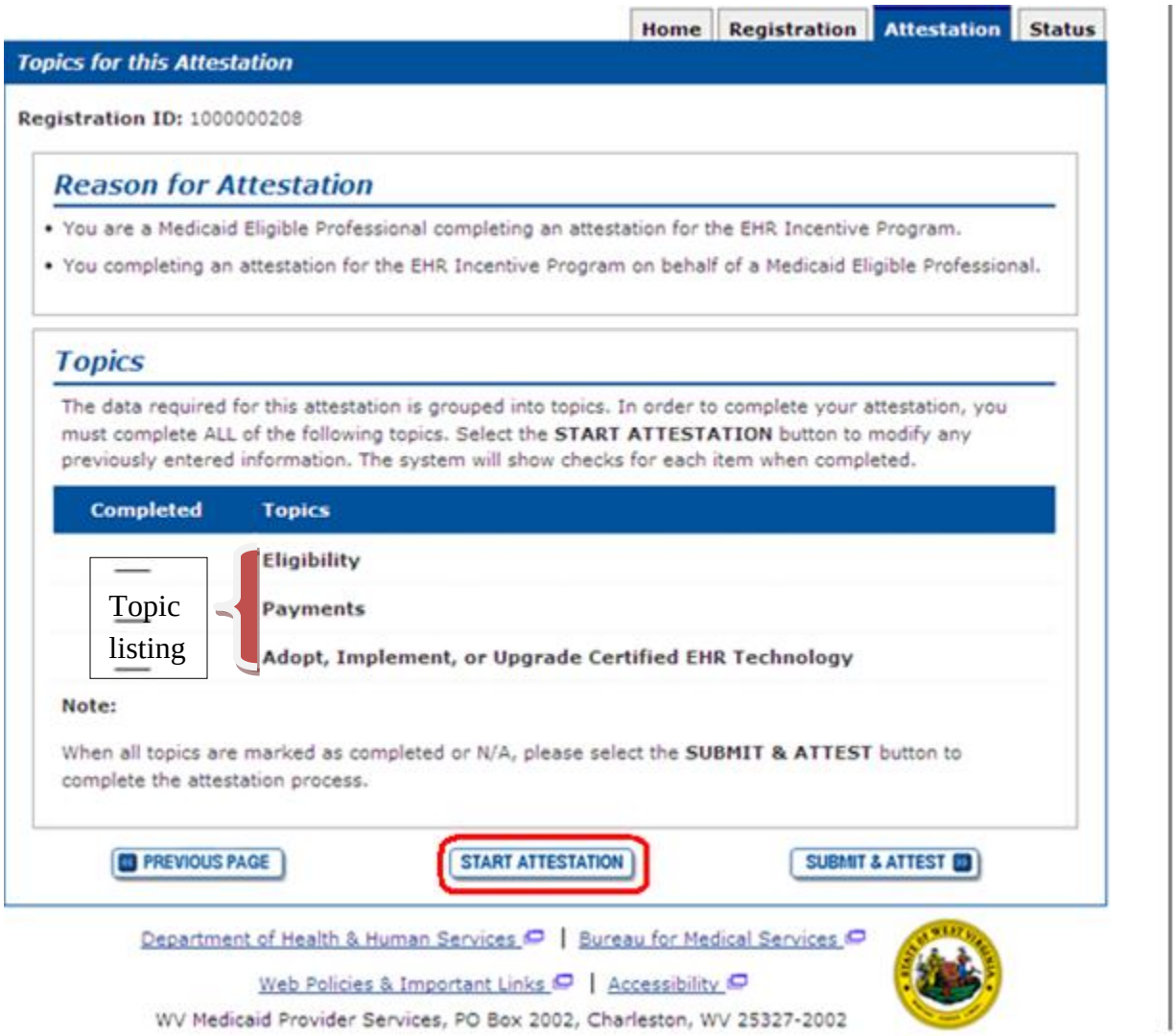

Home
Registration
Attestation
Status
Topics for this Attestation
Registration ID: 1000000208
Reason for Attestation
• You are a Medicaid Eligible Professional completing an attestation for the EHR Incentive Program.
• You completing an attestation for the EHR Incentive Program on behalf of a Medicaid Eligible Professional.
Topics
The data required for this attestation is grouped into topics. In order to complete your attestation, you must complete ALL of the following topics. Select the START ATTESTATION button to modify any previously entered information. The system will show checks for each item when completed.
Completed
Topics
Topic listing
Eligibility
Payments
Adopt, Implement, or Upgrade Certified EHR Technology
Note:
When all topics are marked as completed or N/A, please select the SUBMIT & ATTEST button to complete the attestation process.
PREVIOUS PAGE
START ATTESTATION
SUBMIT & ATTEST
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.4.3 – Attestation Tab; Attestation Topic Listing

- ❖ The topic listing identifies the completed topic by placing an indicator next to the topic. A topic is completed when the required answers are entered and saved.
- ❖ Topics become available as prerequisite topics are completed.

4. Select the Start Attestation button to start the attestation process or to continue to add and modify data already entered.
5. Select the Submit & Attest button when satisfied with the data that is entered. This submits the data to the State for review.
   - ❖ The Submit & Attest button is disabled on the initial selection of a registration ID.
   - ❖ The Submit & Attest button is disabled if the Eligibility check was set to Ineligible.
6. Select the Previous page button to display the Attestation Instructions page.
7. On selection of the Start Attestation button, the Registration Information will display.

Eligibility
Attestations > Attest > Verify Registration
Verify Registration Information
(*) Red asterisk indicates a required field.
Please review the registration summary below to ensure this is the correct registration information. If the information below is correct, select the SAVE AND CONTINUE button to proceed with attestation. If the information is incorrect, then please return to the CMS website to edit the information.
Registration ID: 10
Name: Provider Name
TIN: XXX-XX-1234 (SSN)
NPI: 17
Payee NPI: 18
Payee TIN: 12346798
Incentive Program: Medicaid
Business Address:
PO BOX 4
Charleston, WV, 25364-4009
Phone #: 3012881288
E-Mail: k@ihealthcare.com
Please select the Medicaid ID associated with NPI 17.
* Medicaid ID: 0000000008 (10/14/2010 - 12/31/2078)
Please select the Medicaid ID associated with Payee NPI 18
* Payee Medicaid ID: 0000005000 (10/1/2001 - 12/31/2078)
* Does the attesting provider wish to use their group practice's patient volume as a proxy for their own for the purpose of meeting the 30% Medicaid volume required for meeting incentive payment requirements?
Yes
No
If Yes, then please enter the NPI of your practice organization you are electing to use as group practice's patient volume as a proxy for meeting the volume requirements.
Organization NPI:
**Note. The solution will validate all the claims volume for the NPI of the organization you have identified where the organization is the pay to provider on the claim vs the claims submitted by the attesting provider as the attending/rendering provider. Please make sure you are supplying the correct NPI for your organization.
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 5.4.4 – Attestation Tab – Verify Registration

- Select Medicaid ID
  - Purpose: if provider matches on more than one Medicaid ID, the provider may select which Medicaid ID attesting to or wishing to pay
  - Displays the NLR submitted NPI number's matching Medicaid IDs for the payee that was registered for along with their active Medicaid ID enrollment dates**.**
  - Please note that the provider doesn't have to be an actively enrolled in Medicaid to be paid. The provider needs to have a pay to affiliation active at the time of the attestation period submitted for volume and meaningful use.
  - Dropdown box displays the Medicaid IDs. Select drop down box option to display the Medicaid IDs that were found. Highlight the desired ID and click mouse to select.
- Select Payee Medicaid ID
  - Select the Medicaid ID to using for payment. A provider may have one-to-many Medicaid ids on file matching to the provider's single NPI on record. The designated NPI for payee should be matched to the corresponding Medicaid ID that the provider wished to have the payment sent to ensure the appropriate match to the local Medicaid payee affiliation records.
  - Dropdown box displays the Medicaid IDs. Select drop down box to display the Medicaid IDs that were found.
- Select election to use Provider Proxy

Please enter the election to use the provider proxy usage for Medicaid Volume. Please remember that the following criteria must be met.

- The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (for example, if an EP only sees Medicare, commercial, or self-pay patients, this is not an appropriate calculation);
- There is an auditable data source to support the clinic's patient volume determination;

- So long as the practice and EPs decide to use one methodology in each year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or practice must use the entire practice's patient volume and not limit it in any way. EPs may attest to patient volume under the individual calculation or the group/clinic proxy in any participation year. Furthermore, if the EP works both in the clinic and outside the clinic (or with and outside a group practice), the clinic/practice level determination includes only those encounters associated with the clinic/practice.

    1. Select Yes or No
    2. If selected Yes, enter organization's NPI number.
    3. Select Save and Continue button.

10.4.1 Attestation Eligibility

The purpose of the Attestation Eligibility section is to determine if the practice setting and Medicaid thresholds are meet. In order to be eligible for the Medicaid EHR Incentive Program, eligible professionals (EPs) must meet eligible patient volume thresholds. For most professionals, this means a 30% eligible patient volume based on total patient encounters. For most EPs, eligible patient volume only includes Medicaid encounters, however, EPs that "practice predominantly" at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) have different criteria; details below.

Pediatricians have special rules and are allowed to participate with a reduced eligible patient volume threshold (20% instead of 30%). If pediatricians have greater than 20% but less than a 30% eligible patient volume, their annual incentive cap is reduced to 2/3. Pediatricians who achieve 30% eligible patient volume are eligible to receive the full incentive amount they qualify for.

WV EHR Incentive Program defines encounter as "An encounter should be a reflected in the count as one or more claims for the same patient for the same rendering physician for the same date of service (DOS). This should be a count of unduplicated per patient, per date of service Medicaid Claim Based Encounters in the 90 day period. This includes all Medicaid paid encounters including inpatient, outpatient, and emergency room services. The West Virginia EHR Incentive Payment solution will run a report from the MMIS system to validate the FFS encounter count within the numerator."

10.4.1.1 Encounter Calculation

For purposes of calculating EP eligible patient volume, a Medicaid encounter as defined by the WV EHR Incentive Program is "An encounter should be a reflected in the count as one or more

claims for the same patient for the same rendering physician for the same date of service (DOS) . This should be a count of unduplicated per patient, per date of service Medicaid Claim Based Encounters in the 90 day period. This includes all Medicaid paid encounters including inpatient, outpatient, and emergency room services. The West Virginia EHR Incentive Payment solution will run a report from the MMIS system to validate the FFS encounter count within the numerator." In other words, Eligible Professionals should count the following as 1 patient encounter: 1 to many claims for the same patient where the claim has the same DOS and the same rendering/attending provider. All claims related to the actual "encounter" with the patient for the same date, same provider.

10.4.1.2 Eligibility Screen 1 – Service Setting

Determine if the majority of service was hospital-based by evaluating if 90 percent or more of services were performed in a hospital inpatient or emergency room setting.

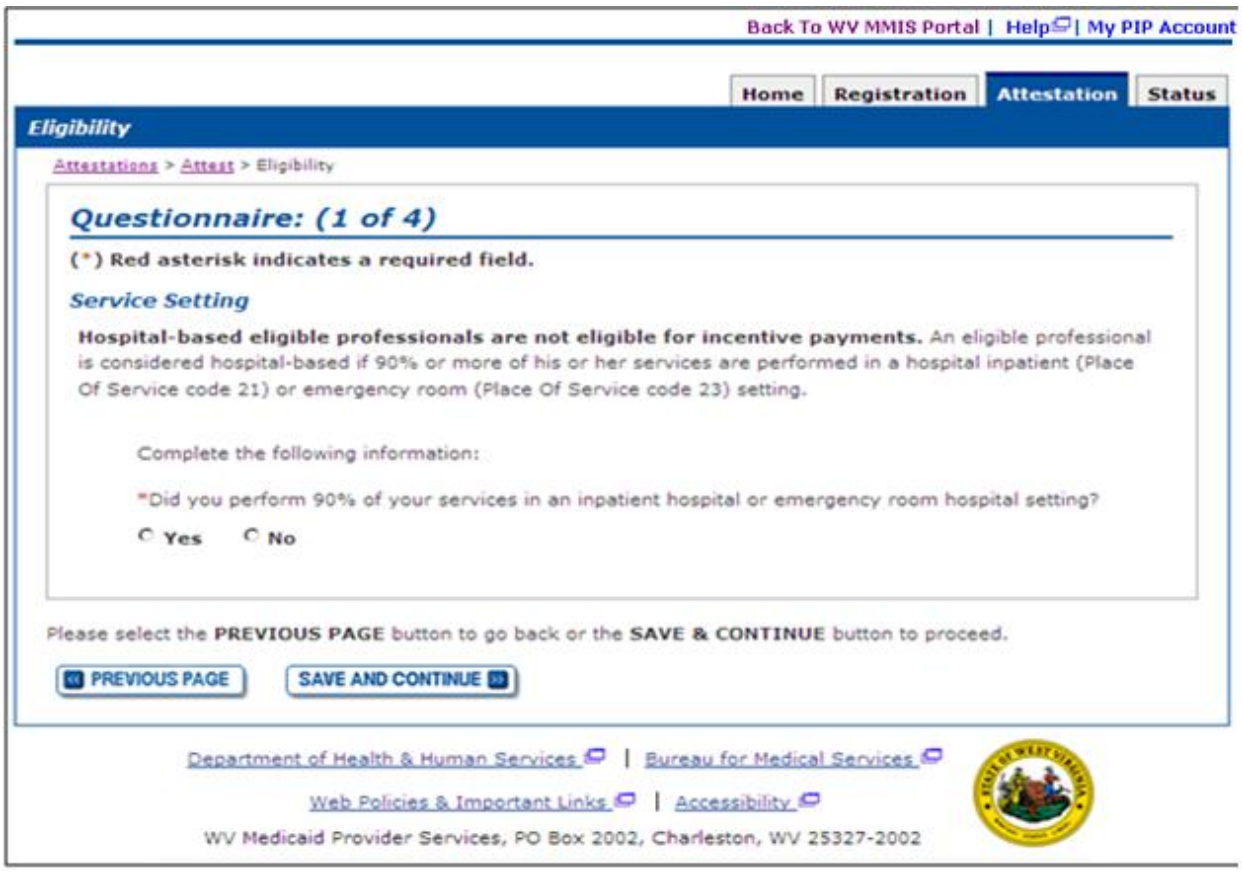

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Eligibility
Attestations > Attest > Eligibility
Questionnaire: (1 of 4)
(*) Red asterisk indicates a required field.
Service Setting
Hospital-based eligible professionals are not eligible for incentive payments. An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place Of Service code 21) or emergency room (Place Of Service code 23) setting.
Complete the following information:
*Did you perform 90% of your services in an inpatient hospital or emergency room hospital setting?
Yes
No
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.4.1.2.1 – Attestation Tab – Service Setting

1. Select YES if hospital-based, then select Save and Continue button.

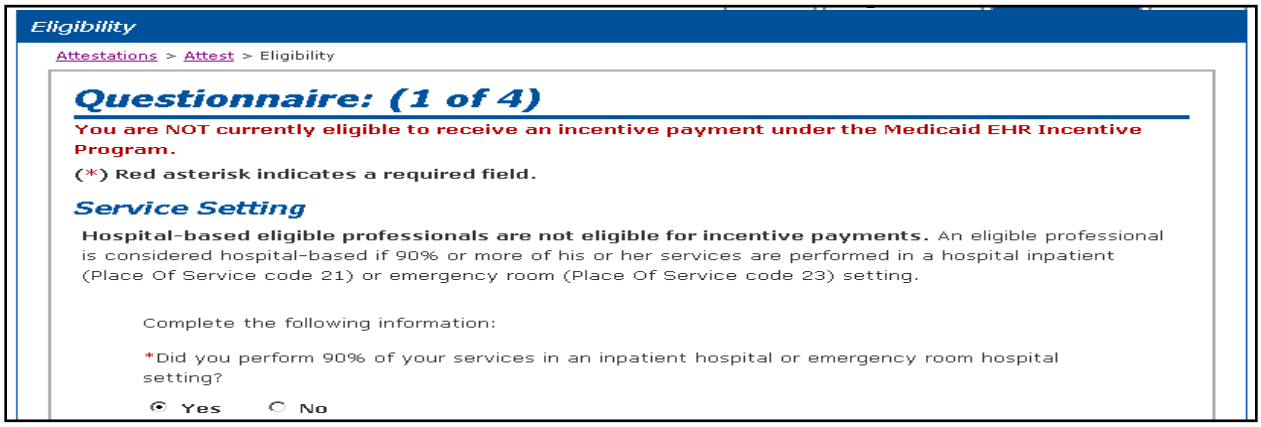

Eligibility
Attestations > Attest > Eligibility
Questionnaire: (1 of 4)
You are NOT currently eligible to receive an incentive payment under the Medicaid EHR Incentive Program.
(*) Red asterisk indicates a required field.
Service Setting
Hospital-based eligible professionals are not eligible for incentive payments. An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place Of Service code 21) or emergency room (Place Of Service code 23) setting.
Complete the following information:
*Did you perform 90% of your services in an inpatient hospital or emergency room hospital setting?
Yes
No

Figure 5.4.1.2.2 – Attestation Tab - Eligibility Window

✍ *Hospital-based providers are not eligible to receive the payments.*

✍ *The application will display an error message, "You are NOT currently eligible to receive an incentive payment under the Medicaid EHR Incentive Program. " The Attestation Process is halted and the user will not be allowed to continue entering in information. The eligibility status is set to Ineligible.*

2. Select NO if the provider is NOT hospital-based and select Save and Continue button.

   ❖ The application will continue to the Eligibility Screen 2 – Volume Check question.

3. Select Previous Page button to display the Verify Registration page.

✍ *Regardless of the answer, after attestation submission and finalization (48hrs after submittal) the system will validate the provider's attestation that they practice predominately outside a hospital by checking the place of service for the attesting provider's or the proxy's claims for the period specified within the system to validate Medicaid volume. If the providers are performing encounters in an inpatient or emergency room setting, the solution will PEND the attestation for further review. The Provider may then contact the Provider Services*

Help desk to review their attestation and work the PEND. The user will not be able to continue entering attestation data.

10.4.1.3 Eligibility Screen 2 – Volume Check

The purpose of this screen is to determine if the volume in the practice is eligible for the incentives.

In order to be eligible for the Medicaid EHR Incentive Program,

- Eligible professionals (EPs) must meet eligible patient volume thresholds. For most professionals, this means a 30% eligible patient volume based on total patient encounters for the Attestation period.
- Pediatricians for the Attestation period
  - If Pediatricians have greater than 20% but less than a 30% eligible patient volume, their annual incentive cap is reduced to 2/3.
  - Pediatricians who achieve 30% eligible patient volume are eligible to receive the full incentive amount they qualify for.

EPs that "practice predominantly" at a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) and not did met the EP 30% volume will be able to indicate volume and exclusions, which will be discussed with the Eligibility Screen 3 and 4.

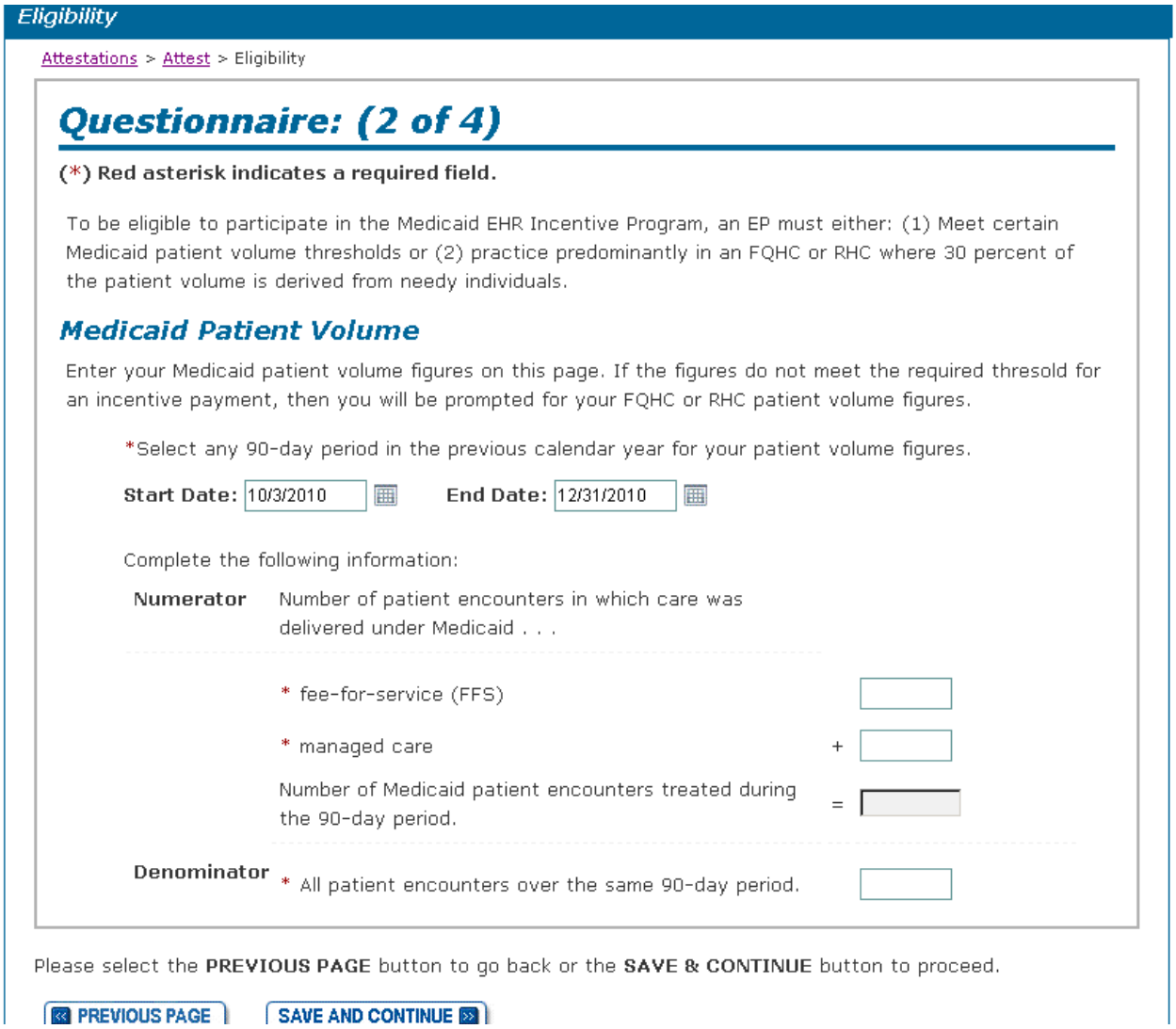

Eligibility
Attestations > Attest > Eligibility
Questionnaire: (2 of 4)
(*) Red asterisk indicates a required field.
To be eligible to participate in the Medicaid EHR Incentive Program, an EP must either: (1) Meet certain Medicaid patient volume thresholds or (2) practice predominantly in an FQHC or RHC where 30 percent of the patient volume is derived from needy individuals.
Medicaid Patient Volume
Enter your Medicaid patient volume figures on this page. If the figures do not meet the required thresold for an incentive payment, then you will be prompted for your FQHC or RHC patient volume figures.
*Select any 90-day period in the previous calendar year for your patient volume figures.
Start Date: 10/3/2010
End Date: 12/31/2010
Complete the following information:
Numerator
Number of patient encounters in which care was delivered under Medicaid . . .
* fee-for-service (FFS)
* managed care
+
Number of Medicaid patient encounters treated during the 90-day period.
=
Denominator
* All patient encounters over the same 90-day period.
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE

Figure 5.4.1.3.1 – Attestation Tab – Medicaid Patient Volume

1. Enter Start Date by typing in the date or selecting the Calendar Icon. The system will automatically calculate the appropriate 6 month window within the range allowable for the provider's chosen attestation period.
2. Enter the Numerator.
   - ❖ Do not add commas. System will format with commas after entry.
3. Enter the Denominator.
   - ❖ Do not add commas. System will format with commas after entry.
4. Enter in MCO amount
   - ❖ Do not add commas. System will format with commas after entry.

5. Select Save and Continue.

   The system validates if all fields have data entered.

   - If an error occurs, review the data entered and correct.
   - If no errors occur, the next action depends on the data entered.

- ❒ If the provider does not meet the volume percentages listed above, then the following two screens display.
- ❒ If the provider meets the volume percentages above, the next page to display is the Payment Calculation page.

✍ *If the provider's answer calculates to have more than 30% Medicaid volume, the solution will check to see if the claims submitted with the provider's NPI and if necessary the additional NPI in either the pay to provider or rendering provider fields are within 50% of the Medicaid volume for the entered Attestation period. If the provider does not meet the meet this, then the system will set the attestation status to PENDED. The State will review the provider's information.*

10.4.1.3.1 Volume Screen 3 – If initial Eligibility volume is not met

The purpose of this screen is to provide another opportunity to meet the eligibility volume for those providers practicing predominately in an FQHC. The following is the volume criteria if the provider practiced at an FQHC or RHC.

Eligibility Patient Volume on this page must show that the provider practices more than 50% at an FQHC or RHC during the relative time window selected.

- ♦ A Physician Assistant in FQHC or RHC led by Physician Assistant defined as:
  1. PA is the primary provider in a clinic
  2. PA is a clinical or medical director at a clinical site of practice; or
  3. PA is an owner of an RHC.

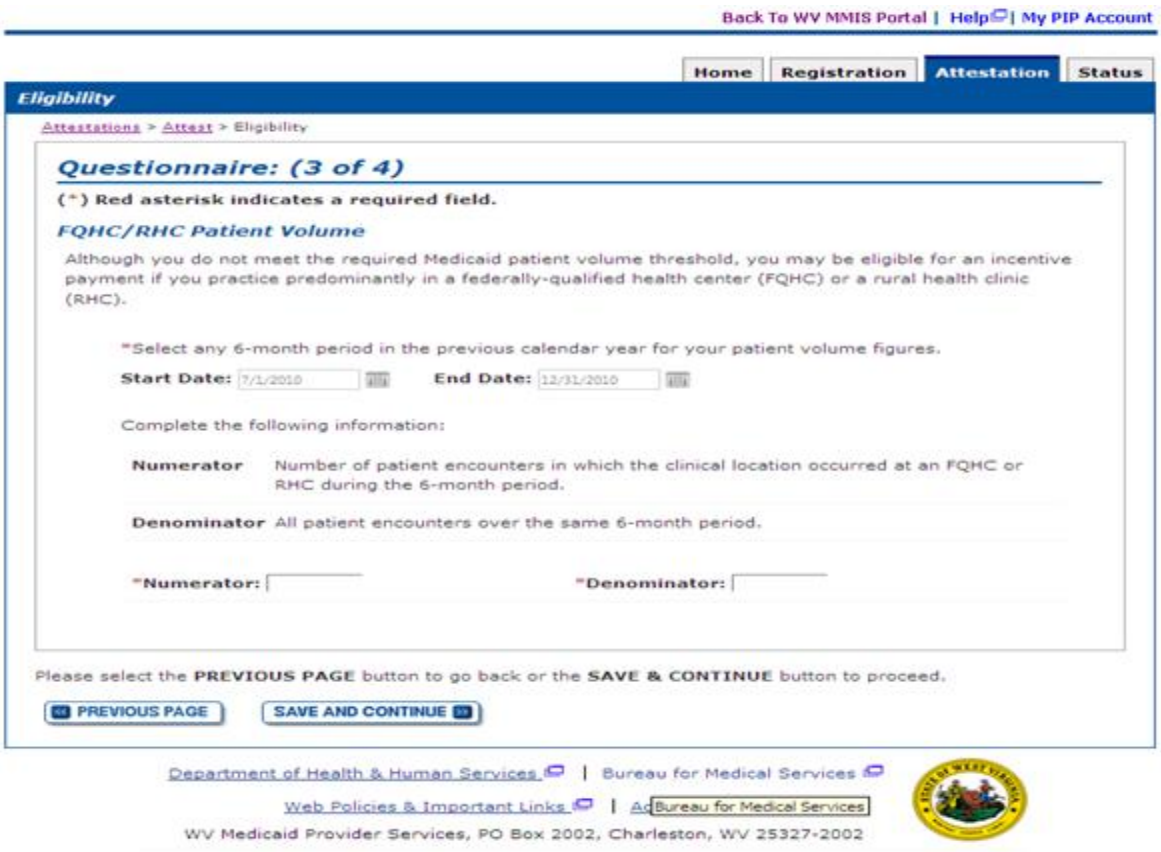

Back To WV MMIS Portal | Help | My PIP Account
Home
Registration
Attestation
Status
Eligibility
Attestations > Attest > Eligibility
Questionnaire: (3 of 4)
(*) Red asterisk indicates a required field.
FQHC/RHC Patient Volume
Although you do not meet the required Medicaid patient volume threshold, you may be eligible for an incentive payment if you practice predominantly in a federally-qualified health center (FQHC) or a rural health clinic (RHC).
*Select any 6-month period in the previous calendar year for your patient volume figures.
Start Date: 7/1/2010
End Date: 12/31/2010
Complete the following information:
Numerator Number of patient encounters in which the clinical location occurred at an FQHC or RHC during the 6-month period.
Denominator All patient encounters over the same 6-month period.
*Numerator:
*Denominator:
Please select the PREVIOUS PAGE button to go back or the SAVE & CONTINUE button to proceed.
PREVIOUS PAGE
SAVE AND CONTINUE
Department of Health & Human Services | Bureau for Medical Services
Web Policies & Important Links | Ac Bureau for Medical Services
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.4.1.3.1.1 – Attestation Tab - FQHC/RHC Patient Volume

1. Enter Start Date by typing in the date or selecting the Calendar Icon. The system will automatically calculate the 90 day end date.
2. Enter the Numerator.
   - ❖ Do not add commas. System will format with commas after entry.
3. Enter the Denominator.
   - ❖ Do not add commas. System will format with commas after entry.
4. Select Save and Continue.
   - ❖ The system validates if all fields have data entered.
     - An error message displays if the user did not supply dates, numerator and a denominator. Please enter the appropriate data.
     - Volume Screen 4 displays if all fields have answers.
       - If fields have been answered, the next action depends on the data entered.

❒ If the provider does not meet the volume percentages listed above, then the provider is ineligible and will not be allowed to continue.

- ❒ The attestation status will be sent to PENDED. Contact WV Medicaid Provider Services Help Desk at 888-482-0793 option 8 for questions and assistance,

10.4.1.3.2 Volume Screen 4 – Needy Patient Volume

Providers who predominately practice in a FQHC or RHC are allowed to use special criteria when determining eligible patient volume. An EP "practices predominantly" at an FQHC or an RHC when the clinical location for over 50% of his/her total patient encounters over a period of 6 months occur at an FQHC or RHC. Providers who practice in an FQHC or RHC but do not meet the predominately threshold can still include Medicaid encounters, but not needy individual encounters in an FQHC or RHC setting, toward the eligible patient volume.

Needy Individual Encounters Defined

For purposes of calculating needy eligible patient volume, a needy patient encounter means services rendered to an individual on any one day where:

- ❒ Medicaid or Children's Health Insurance Program (CHIP) (or a Medicaid or CHIP demonstration project approved under section 1115 of the Social Security Act) paid for part or all of the service;
- ❒ Medicaid or CHIP (or a Medicaid or CHIP demonstration project approved under section 1115 of the Social Security Act) paid all or part of the individual's premiums, co-payments, or cost-sharing;
- ❒ The services were furnished at no cost; or
- ❒ The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay.

Eligibility Patient Volume

The solution will look to validate the number of Medicaid patient encounters reported during final attestation review.

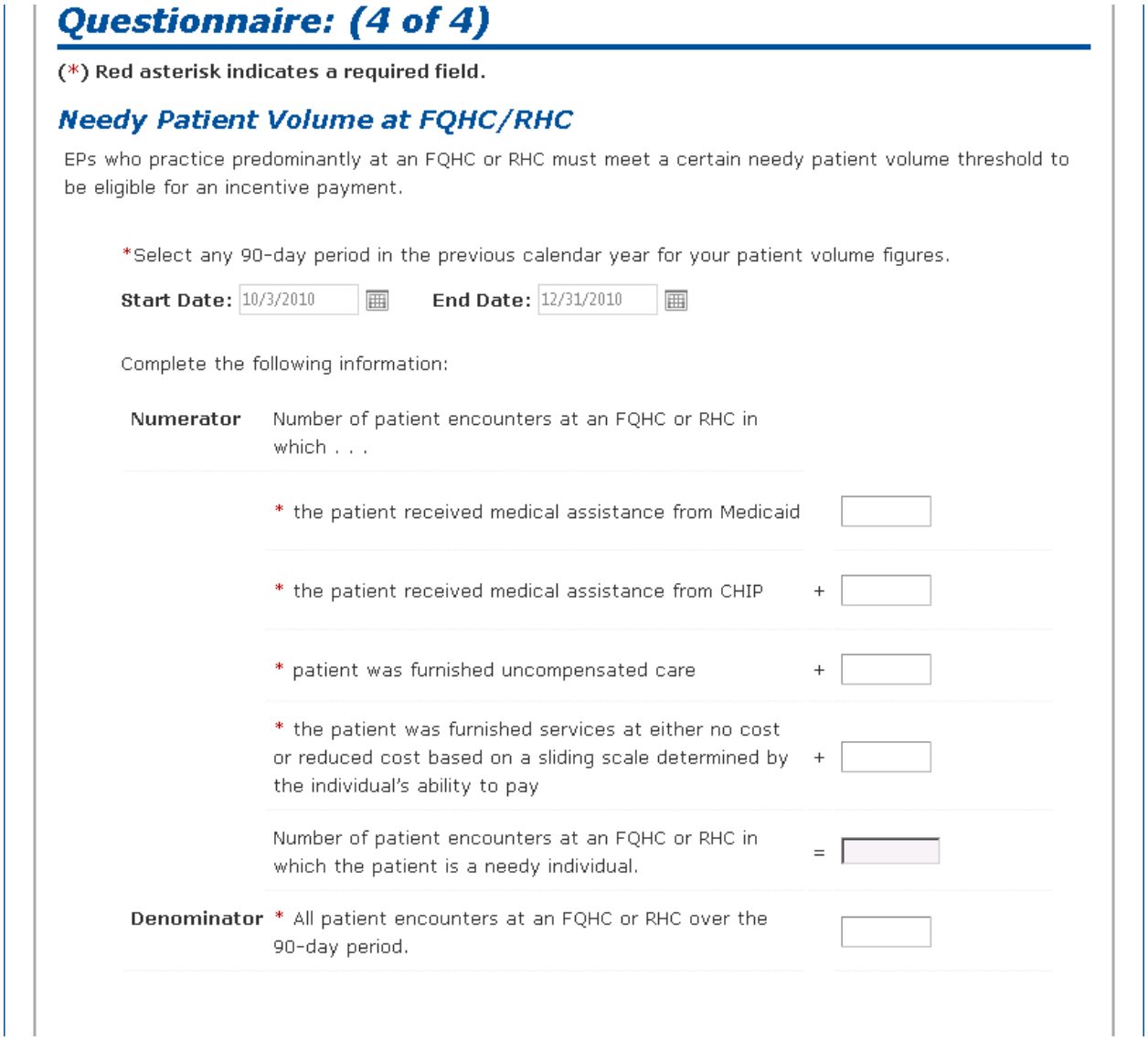

Questionnaire: (4 of 4)
(*) Red asterisk indicates a required field.
Needy Patient Volume at FQHC/RHC
EPs who practice predominantly at an FQHC or RHC must meet a certain needy patient volume threshold to be eligible for an incentive payment.
*Select any 90-day period in the previous calendar year for your patient volume figures.
Start Date: 10/3/2010
End Date: 12/31/2010
Complete the following information:
Numerator
Number of patient encounters at an FQHC or RHC in which . . .
* the patient received medical assistance from Medicaid
* the patient received medical assistance from CHIP +
* patient was furnished uncompensated care +
* the patient was furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay +
Number of patient encounters at an FQHC or RHC in which the patient is a needy individual. =
Denominator
* All patient encounters at an FQHC or RHC over the 90-day period.

Figure 5.4.3.2.1.1 – Attestation Tab – Needy Patient Volume at FQHC/RHC

1. Enter Start Date by typing in the date or selecting the Calendar Icon. The system will automatically calculate the 90 day end date.

For the 90 day period, enter the number of patients for each question:

2. Enter the number of patients that received medical assistance from Medicaid. DEFINITION: Services rendered on any one day to an individual where Medicaid or Medicaid demonstration project under section 1115 of ARRA; demonstration project under section 1115 of the Act paid for part or all of the service or paid all or part of the premiums, co-payments, and/or cost sharing.

   ❖ Do not add commas. System will format with commas after entry.

3. Enter the number of patients that received CHIP assistance.
   DEFINITION: Services rendered on any one day to an individual where CHIP or CHIP demonstration project under section 1115 of ARRA; demonstration project under section 1115 of the Act paid for part or all of the service or paid all or part of their premiums, co-payments, and/or cost sharing.
   - ❖ Do not add commas. System will format with commas after entry.
4. Enter the number of patient's furnished uncompensated care.
   DEFINITION: Services rendered to an individual on any one day that were uncompensated.
   - ❖ Do not add commas. System will format with commas after entry.
5. Enter the number of patients given services at either no cost or reduced cost based on the sliding scale determined by the individual's ability to pay.
   DEFINITION: Services rendered to an individual on any one day on a sliding scale
   - ❖ Do not add commas. System will format with commas after entry.
6. System calculates the number of encounters for needy individuals at a FQHC or RHC.
   DEFINITION: The system auto calculates this number from summing the above components to determine the full number of needy individual encounters for the provider
   - ❖ This number is calculated by the system by adding questions 1 – 5 entries
7. Enter the Denominator.
   DEFINITION: This is the total number of patient encounters the FQHC/RHC had for the specified time frame based on reports from the practice management system
   - ❖ Do not add commas. System will format with commas after entry.
8. Select Save and Continue.
   - ❖ The system validates if all fields have data entered.
     - An error message displays if the user did not supply dates, numerator and a denominator. Please enter the appropriate data.
     - If all fields have been answered AND THE PATIENT IS ELIGIBLE, the Incentive Payment schedule screen displays.
     - If the provider does not meet the volume percentages listed above, the provider is ineligible and will not be allowed to continue. Attestation status

will state Attestation Not Allowed. Contact WV Medicaid Provider Services Help Desk at 888-482-0793 option 8 for questions and assistance,

10.4.2 Attestation Payment

The payment schedule is a proposed schedule based on the answers provided in the Eligibility section. The WV EHR Incentive Program application will execute behind-the-scenes to validate questions that asked for claims volume. If the volume was not found, the application will set the eligibility status to Ineligible and the Attestation status to Attestation Not Allowed.

Pediatrician EHR Incentive Payments
(Between 20 – 29 Percent)

	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015	CY 2016
CY 2011	$14,167					
CY 2012	$5,667	$14,167				
CY 2013	$5,667	$5,667	$14,167			
CY 2014	$5,667	$5,667	$5,667	$14,167		
CY 2015	$5,667	$5,667	$5,667	$5,667	$14,167	
CY 2016	$5,665	$5,667	$5,667	$5,667	$5,667	$14,167
CY 2017		$5,665	$5,667	$5,667	$5,667	$5,667
CY 2018			$5,665	$5,667	$5,667	$5,667
CY 2019				$5,665	$5,667	$5,667
CY 2020					$5,665	$5,667
CY 2021						$5,665
TOTAL	$42,500	$42,500	$42,500	$42,500	$42,500	$42,500

Figure 5.4.3.2.1.2 – Pediatrician 20% volume payment calendar

Calendar of Payments for Providers						
Calendar Year	Medicaid EPs who begin adoption in					
	2011	2012	2013	2014	2015	2016
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
Total	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Figure 5.4.3.2.1.3 – Eligible Providers Payment calendar

10.4.3 Attestation Adopt, Implement, Use Certified EMR system

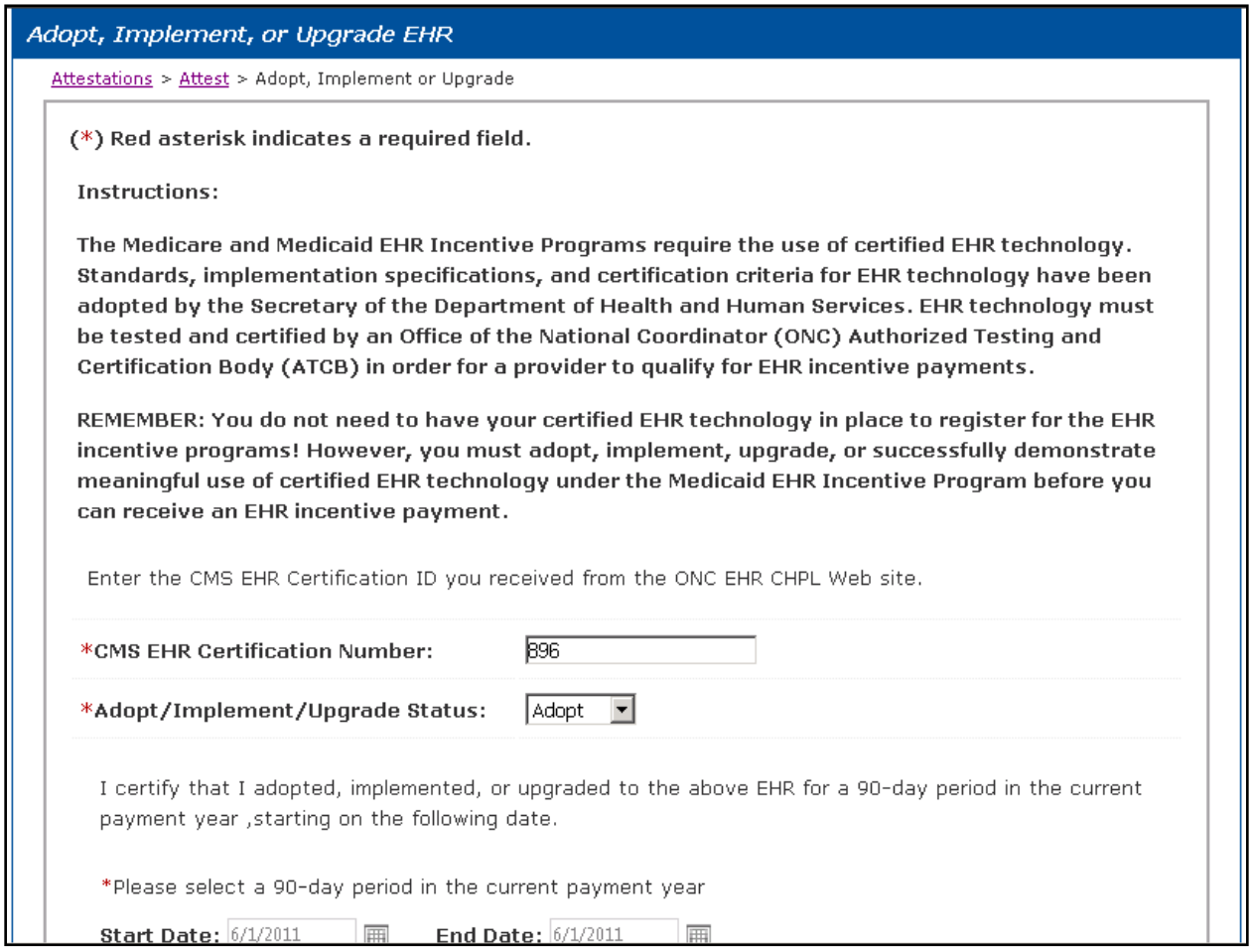

Adopt, Implement, or Upgrade EHR
Attestations > Attest > Adopt, Implement or Upgrade
(*) Red asterisk indicates a required field.
Instructions:
The Medicare and Medicaid EHR Incentive Programs require the use of certified EHR technology. Standards, implementation specifications, and certification criteria for EHR technology have been adopted by the Secretary of the Department of Health and Human Services. EHR technology must be tested and certified by an Office of the National Coordinator (ONC) Authorized Testing and Certification Body (ATCB) in order for a provider to qualify for EHR incentive payments.
REMEMBER: You do not need to have your certified EHR technology in place to register for the EHR incentive programs! However, you must adopt, implement, upgrade, or successfully demonstrate meaningful use of certified EHR technology under the Medicaid EHR Incentive Program before you can receive an EHR incentive payment.
Enter the CMS EHR Certification ID you received from the ONC EHR CHPL Web site.
*CMS EHR Certification Number:
896
*Adopt/Implement/Upgrade Status:
Adopt
I certify that I adopted, implemented, or upgraded to the above EHR for a 90-day period in the current payment year ,starting on the following date.
*Please select a 90-day period in the current payment year
Start Date: 6/1/2011
End Date: 6/1/2011

Figure 5.4.3.2.1.4 –Attestation Tab - Adopt, Implement or Upgrade EHR Window

PREVIOUS PAGE
SAVE AND CONTINUE
Department of Health & Human Services
Bureau for Medical Services
Web Policies & Important Links
Accessibility
WV Medicaid Provider Services, PO Box 2002, Charleston, WV 25327-2002

Figure 5.4.3.2.1.5 – Attestation Tab - Previous Page button and Save and Continue Button

The Office of the National Coordinator Authorized Testing and Certification Body (ONC-ATCB) is the body that tests and certifies EMR systems. If the EMR system is approved, it is assigned a certification number. The web site below is the Certified Health IT Product List web site to look up EMR certification number or even to register an EMR. Please contact the Help Contacts listed on the Certified Health IT Product List web site if you have questions.

http://onc-chpl.force.com/ehrcert

1. Enter the EHR Certification number.
2. Select the option of adopted, implemented or upgraded based on EHR usage.
3. Select the 90 day period that the EHR system was adopted, implemented or upgraded.
   - ❖ Type in dates or select a date via the Calendar function.
   - ❖ System will calculate the 90 days from the start or end date entered.
4. Select Save and Continue.
   - ❖ The system validates if all fields have data entered.
     - Error message displays if the user did not:
       - supply EHR Certification number
       - select an option
       - supply a 90 day start and end date
       - enter the appropriate data
     - If no errors occur, the Attestation Topic page displays. If all topics have been answered, the Submit button will be available.

10.5 Submit Attestation and payment status

The Submit Attestation button remains disabled if the eligibility checks failed or not all required questions have been answered. If the eligibility checks passed and all required questions are answered, then the Submit Attestation button is available. On selection of the Submit Attestation button, the following screen displays.

Attestation Information
Please review the summary below to ensure this is the correct attestation information and reason you wish to submit. If the summary below is correct, select the CONTINUE button at the bottom of this page.
For changes to the Registration Data you need to please return to the CMS website to edit the information. To make changes to your Attestation Details click the PREVIOUS button
Registration Data:
Registration ID: 1
Name: I
TIN: XX
NPI: 1
Payee NPI: 1
Payee TIN: 1
Incentive Program: Medicaid
Business Address:
PO BOX 0
MORGANTOWN, WV, 26507-780
Phone #: 300
E-Mail: k@.com.
Verify Email Address:
Confirm or update the email address to which you would like to receive notifications about the status of the attestation.
Email Address:
Reason(s) for Submission
You are an Eligible Professional attesting for a payment year in the incentive program.
You have decided to resubmit your attestation information.
PREVIOUS PAGE
SUBMIT

Figure 5.5.1 – Attestation Tab – Submit Attestation Check Email Address

Enter an email address if the one listed in the E-mail field is incorrect.

Select Submit button. This displays the Successful Submission screen. An example is below.

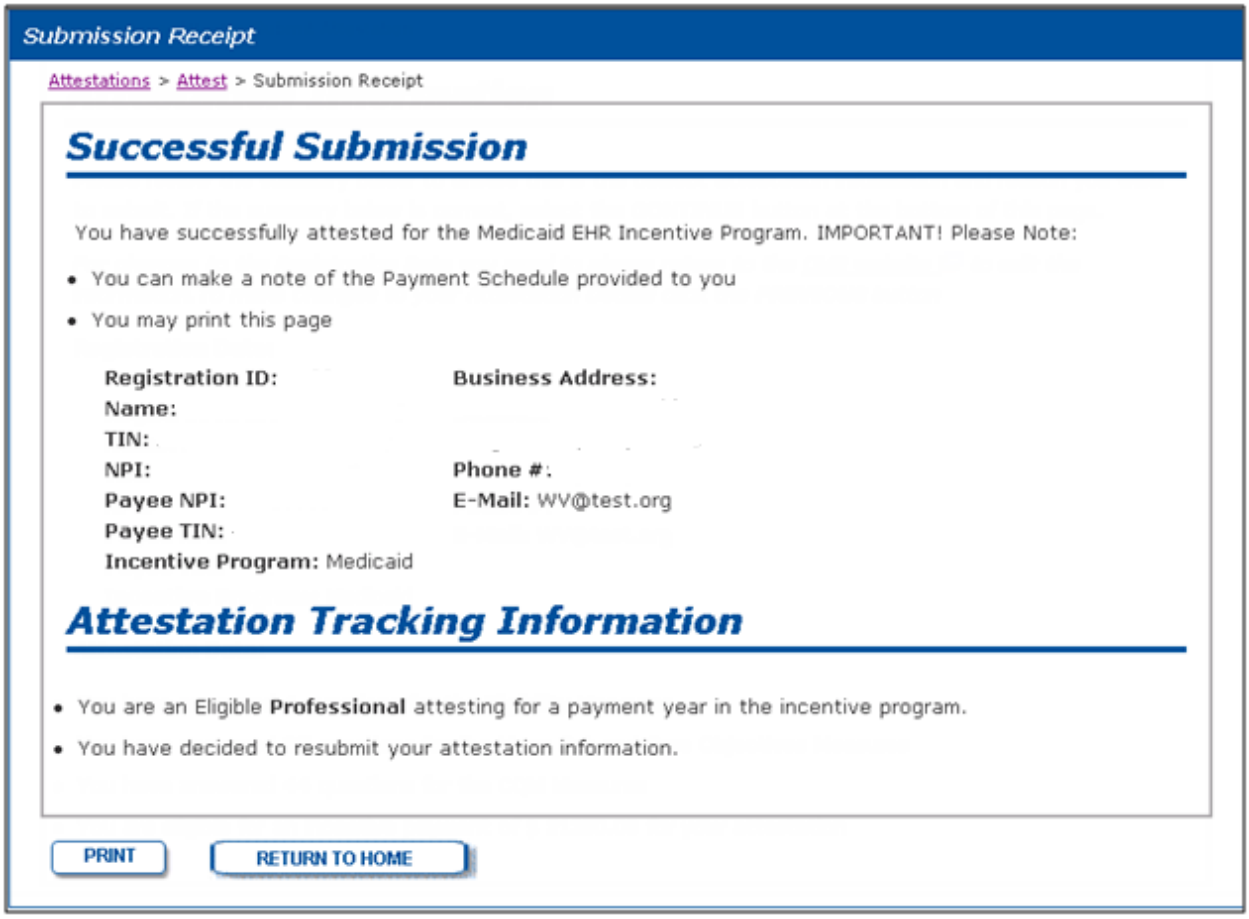

Submission Receipt
Attestations > Attest > Submission Receipt
Successful Submission
You have successfully attested for the Medicaid EHR Incentive Program. IMPORTANT! Please Note:
You can make a note of the Payment Schedule provided to you
You may print this page
Registration ID:
Name:
TIN:
NPI:
Payee NPI:
Payee TIN:
Incentive Program: Medicaid
Business Address:
Phone #:
E-Mail: WV@test.org
Attestation Tracking Information
You are an Eligible Professional attesting for a payment year in the incentive program.
You have decided to resubmit your attestation information.
PRINT
RETURN TO HOME

Figure 5.5.2 – Attestation Tab - Submission Receipt Window

On the successful submission, the attestation entry process is completed. The WV EHR Incentive Program provides 48 hours to make changes. If changes are made, the 48 hour count restarts. Once the 48 hours have expired, the WV EHR Incentive Program will execute final eligibility checks by validating the provider entered numbers are within a 10% variance of claims on file and query the CMS NLR to determine if payments have been paid. This processing will take time and the payment will not be sent right after submitting the attestation.

After the eligibility checks and payment checks are executed, the WV EHR Incentive Program will send an email with the status that was found. If an eligibility or payment error has occurred and assistance is needed, please contact the WV Medicaid Provider Services Help Desk at 888-482-0793, option 8.

The WV EHR Incentive Program application will display the errors. Select the Status tab to display the current Attestation status.

11. Status Grid

The table lists the attestation status that may occur.

Provider Screen Status	Admin Portal Attestation Status	Description - Provider
Attestation Not Allowed	Attestation Not Allowed	Provider's registration did not pass the inital eligibility check.
Attestation Not Started	Attestation Not Started	Provider's registration has processed successful; but the provider has not yet logged into the PIP soluton and begun their attestation
Attestation In Progress	Attestation In Progress	Provider has opened their attestation and is actively editing it.
Submitted	Submitted	This status appears after submission for 48 hrs till final provider eligibility check is run. Provider can cancel an attestation and re-edit it for 2 days after submission prior to it being "finalized"
Pended	Pended	Provider sees "Pended"
Provider has failed final Elg check • POS Error • Volume error • Pay hold error	Resubmit	Provider sees "Resubmit" and the appropriate reason message for the eligibility error
Accepted	Accepted	Provider will see their attestation on the Status tab. The status will be Accepted
• Locked for Payment • Excluded from payment	Locked For Payment Excluded From Payment	Attestation remains on the Status tab only. Waiting for payment validation from NLR

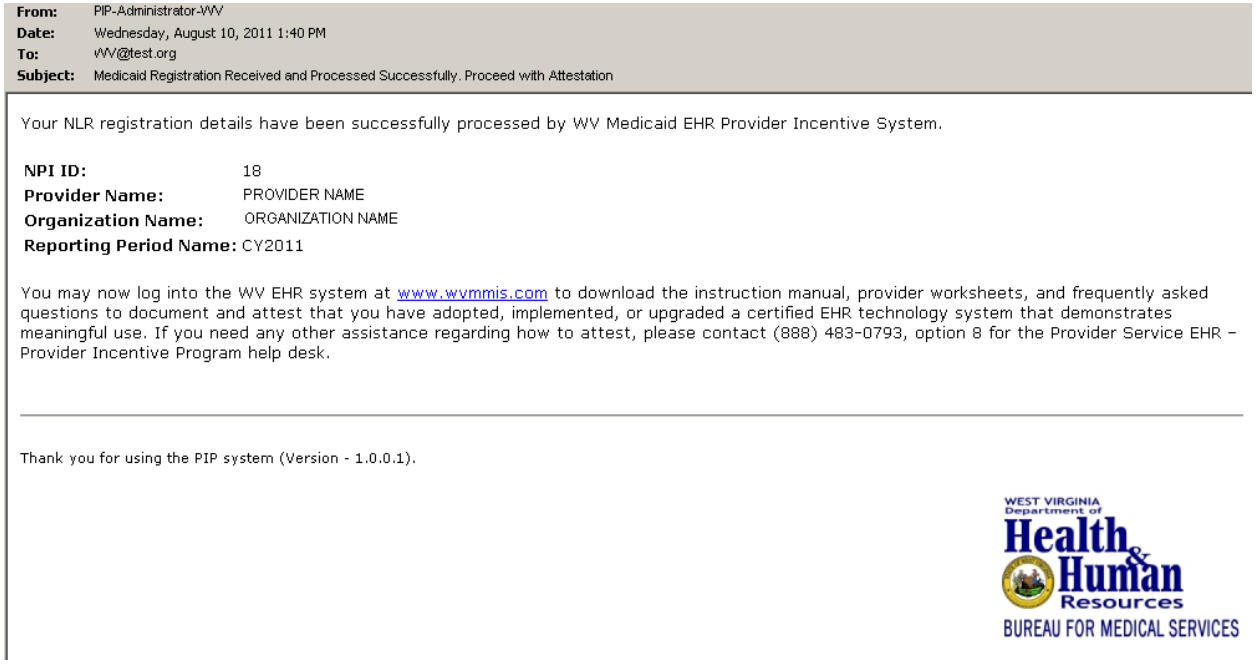
Figure 5.5.3 – Attestation Status

12. Successful Registration with CMS Email

After registering with CMS, it may take 48 hours before this message is received.

- The delay is for CMS processing registration and sending them to the appropriate State repository. The Provider Portal application will have the registration in this State repository and process registration. The Provider Portal application checks that the provider is a valid provider type and has active enrollment in Medicaid.

When this message is received, log into the Provider Portal to register and attest for this provider.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org
Subject: Medicaid Registration Received and Processed Successfully. Proceed with Attestation

Your NLR registration details have been successfully processed by WV Medicaid EHR Provider Incentive System.

NPI ID: 18
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011

You may now log into the WV EHR system at www.wvmmis.com to download the instruction manual, provider worksheets, and frequently asked questions to document and attest that you have adopted, implemented, or upgraded a certified EHR technology system that demonstrates meaningful use. If you need any other assistance regarding how to attest, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

13. Submitted Attestation Email

This email is sent after submitting the attestation. The system will wait two days to provide time for modifications. After the two days past, the system will execute the final edits.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation submitted

Your PIP attestation has been successfully submitted, you have two more days to change the attestation details before it will be processed.

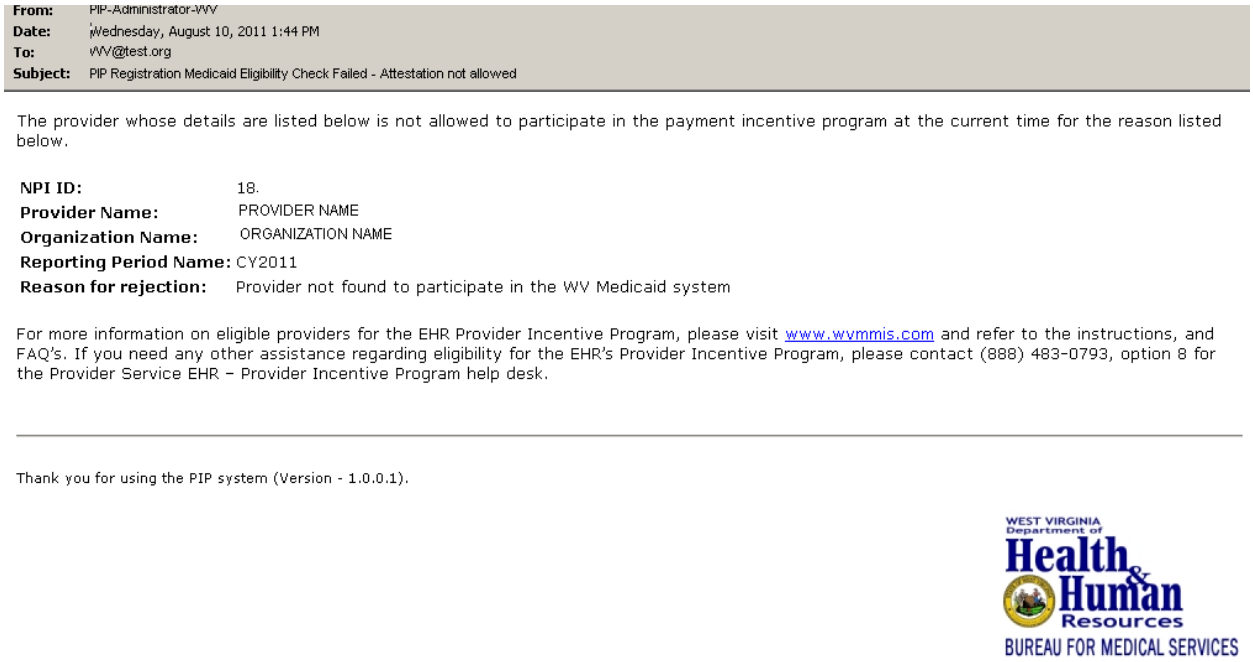
NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

14. Error occurred when processing registration Email

When the registration arrives from the NLR to the application, validation of the provider is required. This email occurs if the provider does not exist in the MMIS.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:44 PM
To: WV@test.org
Subject: PIP Registration Medicaid Eligibility Check Failed - Attestation not allowed

The provider whose details are listed below is not allowed to participate in the payment incentive program at the current time for the reason listed below.

NPI ID: 18.
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011
Reason for rejection: Provider not found to participate in the WV Medicaid system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

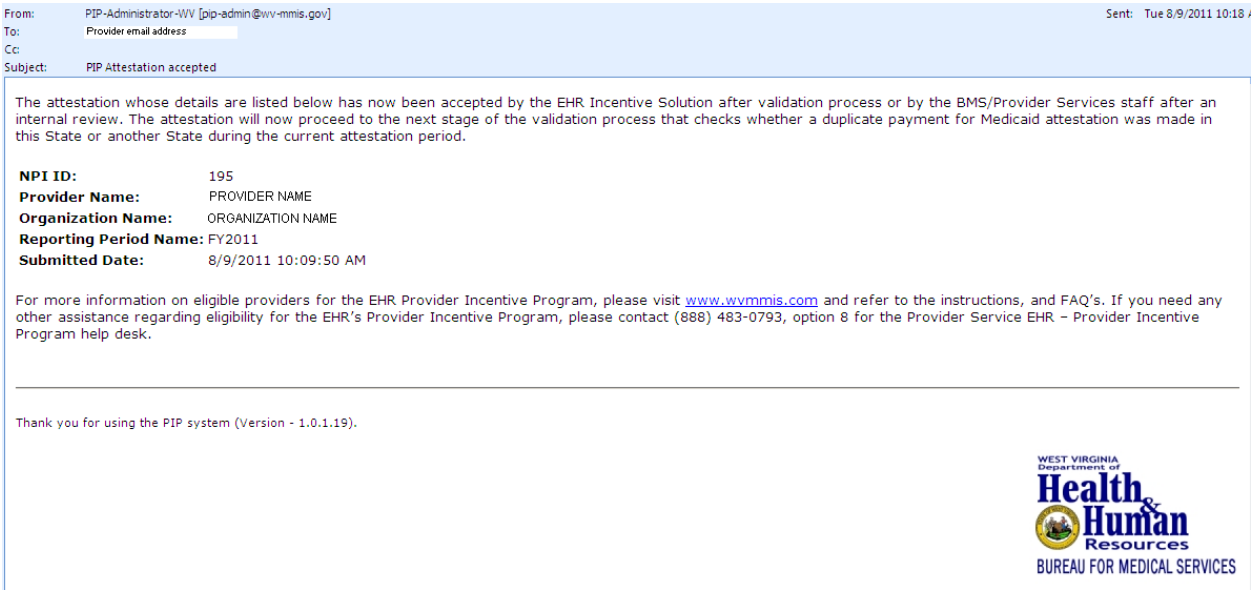
Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

15. Attestation Accepted Email

This email is sent when either one of the two scenarios occur.

- The 48 hour time span that allowed for changes has expired. The attestation is no longer accessible for changes within the application. The attestation details will be sent to the NLR to check if any payments have been made for the attesting provider.
- BMS has reviewed the failed attestation details and found that the attestation is acceptable. BMS set the status to an accepted status. The attestations details will be sent to the NLR to check if any payments have been made for the attesting provider.



From: PIP-Administrator-WV [pip-admin@wv-mmis.gov] Sent: Tue 8/9/2011 10:18 A
To: Provider email address
Cc:
Subject: PIP Attestation accepted

The attestation whose details are listed below has now been accepted by the EHR Incentive Solution after validation process or by the BMS/Provider Services staff after an internal review. The attestation will now proceed to the next stage of the validation process that checks whether a duplicate payment for Medicaid attestation was made in this State or another State during the current attestation period.

NPI ID: 195
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: FY2011
Submitted Date: 8/9/2011 10:09:50 AM

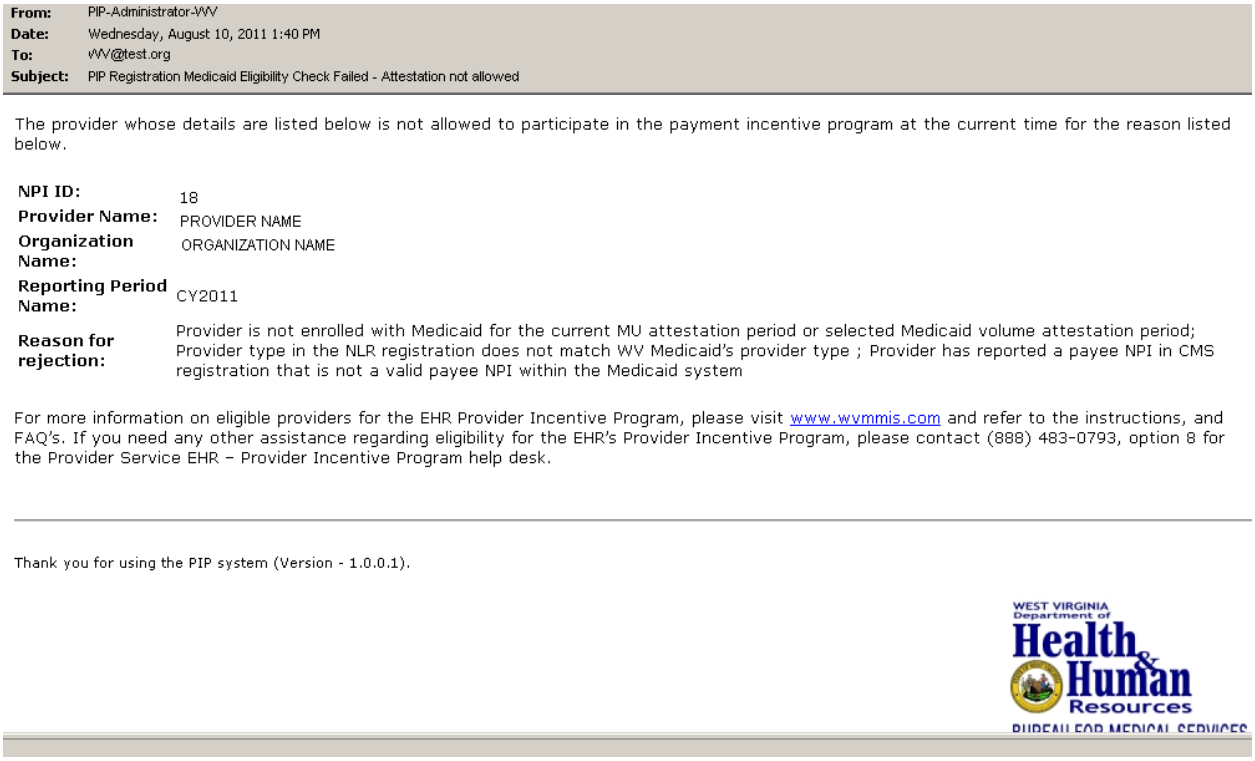
For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.1.19).

16. Error Occurred While Processing Registration – Medicaid Enrollment failed Email

The following checks are made when an attestation is received from the NLR. The email below displays all the possible error messages for the following checks.

- Check if the provider is enrolled in Medicaid program during the attestation period.
- Check if the provider type that was selected when registering on the CMS site matches the provider type on the provider's enrollment record.
- Check if the payee NPI entered when registering on the CMS site is found when validating the attesting provider's payees on the Medicaid record.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org
Subject: PIP Registration Medicaid Eligibility Check Failed - Attestation not allowed

The provider whose details are listed below is not allowed to participate in the payment incentive program at the current time for the reason listed below.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Reason for rejection:	Provider is not enrolled with Medicaid for the current MU attestation period or selected Medicaid volume attestation period; Provider type in the NLR registration does not match WV Medicaid's provider type ; Provider has reported a payee NPI in CMS registration that is not a valid payee NPI within the Medicaid system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

17. Attestation Error – Practice predominately in a Hospital Setting Email

Claims checks are part of the processing. If it was found that the provider practiced predominately in a hospital, the attestation is ineligible and the email is sent.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

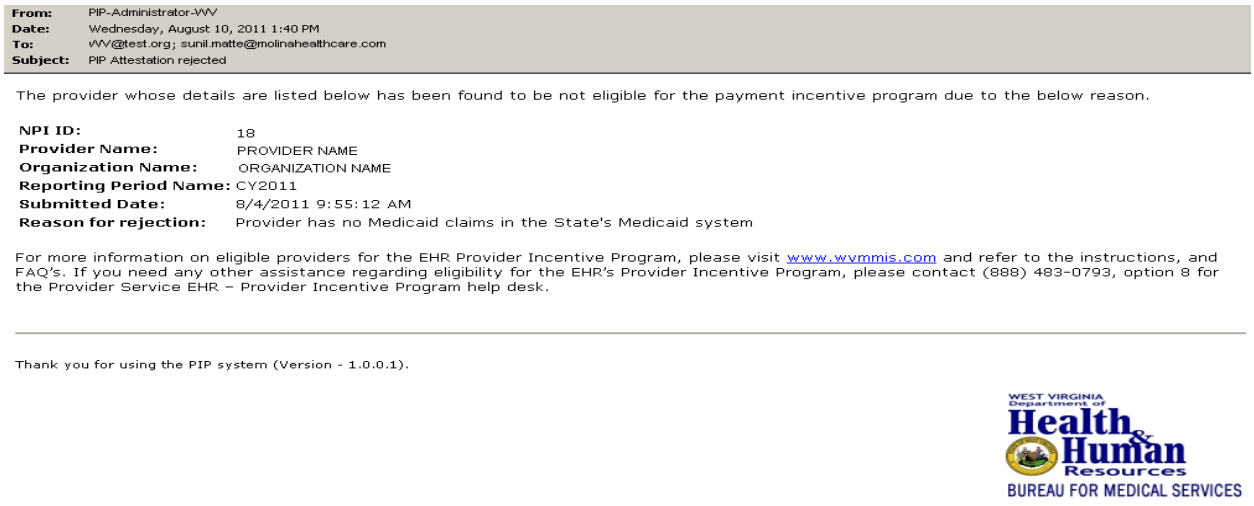
NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM
Reason for rejection:	Attesting provider's Fee for service claims data shows more than 90% of services performed in an hospital setting

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

18. Attestation Error – Medicaid Claims count failed Email

The solution will check the provider's Medicaid claims that were submitted during the attestation period. If there were no claims found for the attestation period, the following email will be sent.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

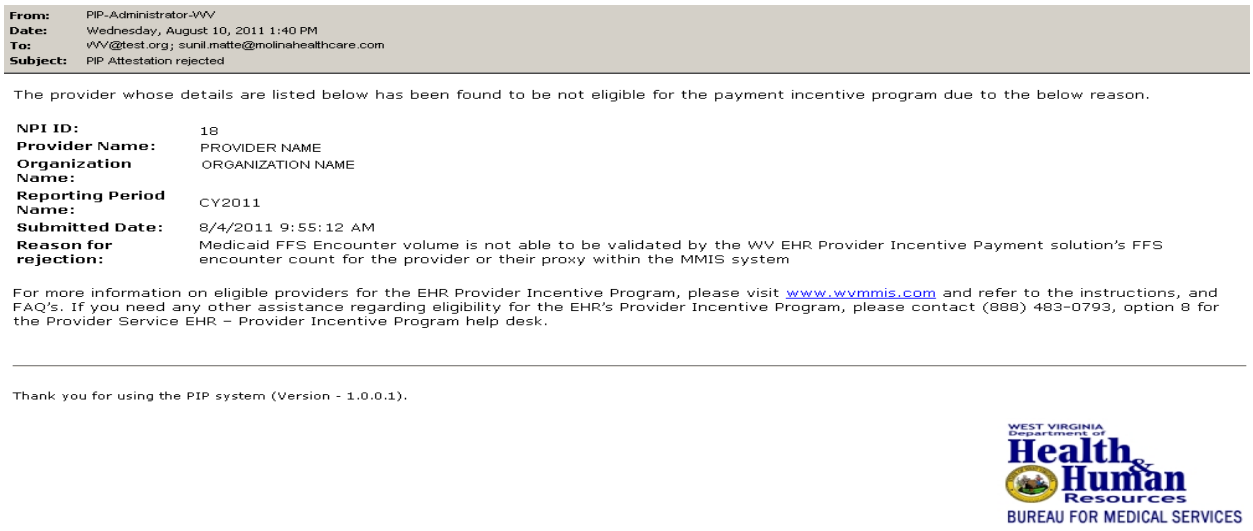
NPI ID: 18
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011
Submitted Date: 8/4/2011 9:55:12 AM
Reason for rejection: Provider has no Medicaid claims in the State's Medicaid system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

If the solution found that claims counts could not be validated, then the following email is sent.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

NPI ID: 18
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011
Submitted Date: 8/4/2011 9:55:12 AM
Reason for rejection: Medicaid FFS Encounter volume is not able to be validated by the WV EHR Provider Incentive Payment solution's FFS encounter count for the provider or their proxy within the MMIS system

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

19. Attestation Paid Email

If final eligibility checks pass and no payment issues occurred, an email is sent indicating that payment is approved and being processed. The payment will continue with additional processing, so payment arrival will take a few days.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: Your WV EHR Incentive payment has been created - Attestation Paid

The attestation whose details are listed below has been paid.

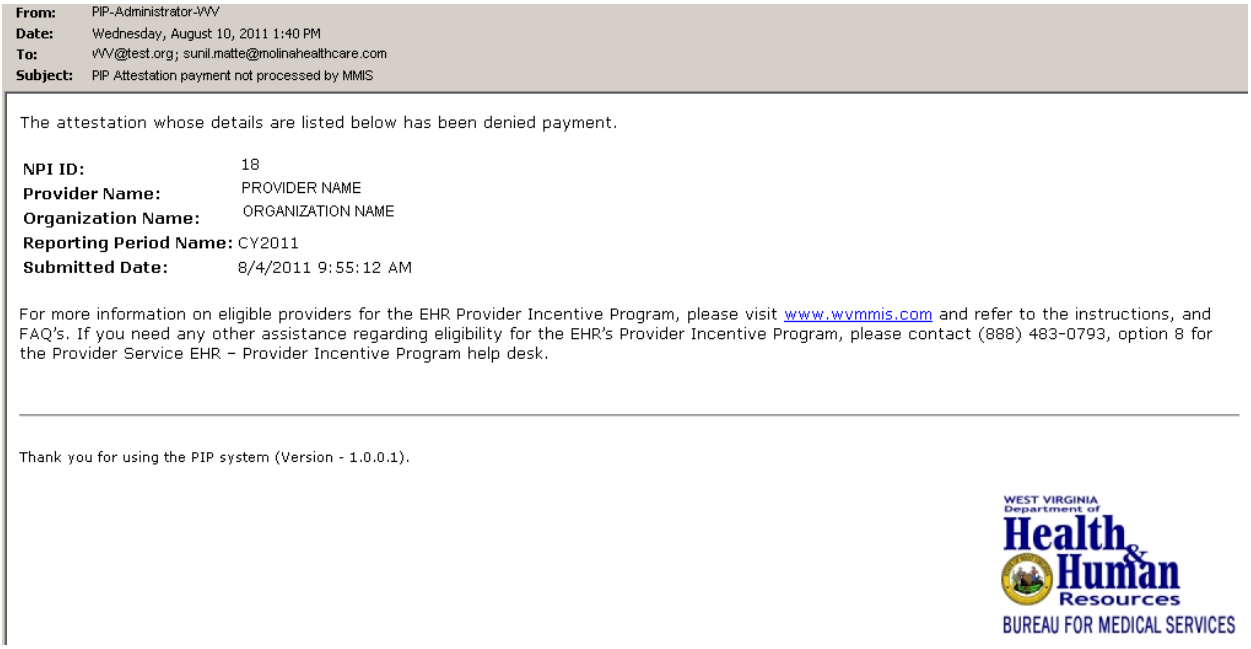
NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Attestation Submitted Date:	8/4/2011 9:55:12 AM
Amount Paid:	0.0000
Payment Date:	

For more information on payment or eligibility for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding payment or eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

20. Attestation Payment Denied Email

If final eligibility checks did not pass and payment issues occurred, an email indicating denial is sent. The Medicaid Provider Services staff at 888-483-0793 may be able to address questions.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation payment not processed by MMIS

The attestation whose details are listed below has been denied payment.

NPI ID: 18
Provider Name: PROVIDER NAME
Organization Name: ORGANIZATION NAME
Reporting Period Name: CY2011
Submitted Date: 8/4/2011 9:55:12 AM

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

21. Attestation Payment Denied – Pay Hold found

Payment is denied if the provider is on pay hold and this email is sent if it is found.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The provider whose details are listed below has been found to be not eligible for the payment incentive program due to the below reason.

NPI ID:	1851304364
Provider Name:	Frank Matthew Abraham
Organization Name:	
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM
Reason for rejection:	Provider is on a pay hold and not eligible for payment at this time

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

22. Attestation excluded from Payment Email

This email indicates that CMS has already has a payment on record from this provider. Please contact the CMS NLR for questions and concerns.

From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation excluded from payment

The attestation whose details are listed below has been excluded from payment by CMS due to a record of duplicate payment for Medicaid attestation in this State or another State during the current attestation period. If you think your payment is not duplicated at the national level, please work with the NLR to resolve.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Attestation Submitted Date:	8/4/2011 9:55:12 AM

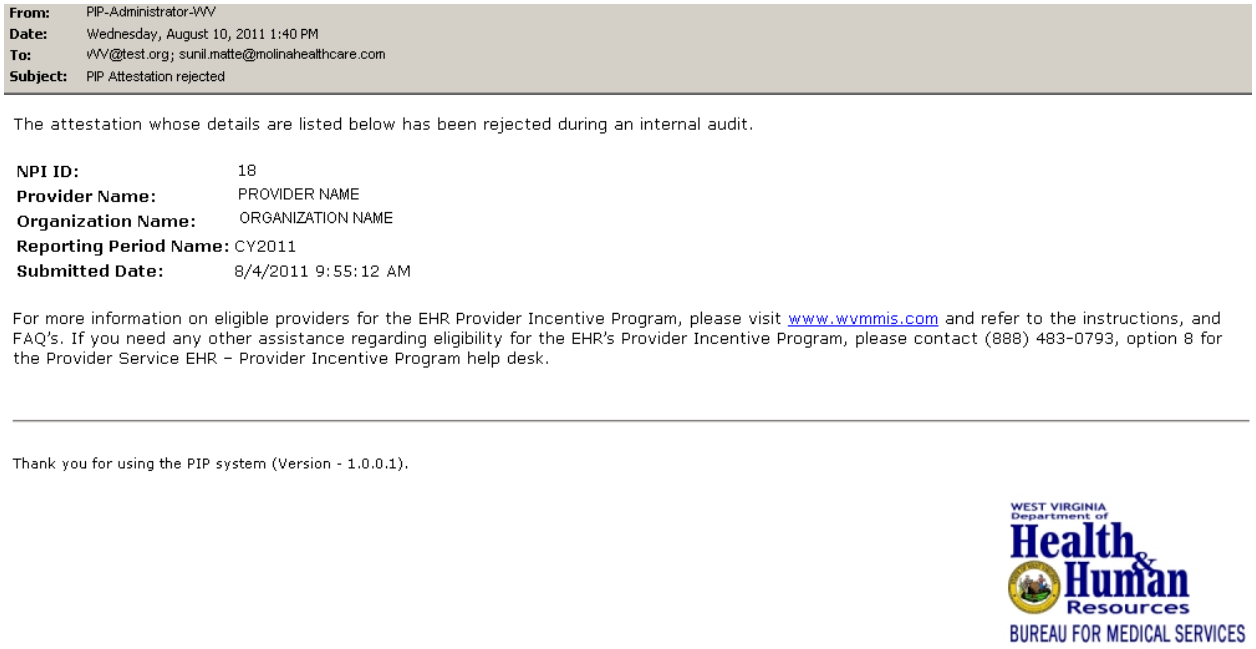
For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

23. Attestation Rejected Email

WV Medicaid and WV Medicaid Provider Services staff has the ability to review attestation and reject a submitted attestation. When the attestation is rejected, an email is sent to notify the user of the status change. To find out more information, please contact the Medicaid Provider Services staff at 888-483-0793, option 8.



From: PIP-Administrator-WV
Date: Wednesday, August 10, 2011 1:40 PM
To: WV@test.org; sunil.matte@molinahealthcare.com
Subject: PIP Attestation rejected

The attestation whose details are listed below has been rejected during an internal audit.

NPI ID:	18
Provider Name:	PROVIDER NAME
Organization Name:	ORGANIZATION NAME
Reporting Period Name:	CY2011
Submitted Date:	8/4/2011 9:55:12 AM

For more information on eligible providers for the EHR Provider Incentive Program, please visit www.wvmmis.com and refer to the instructions, and FAQ's. If you need any other assistance regarding eligibility for the EHR's Provider Incentive Program, please contact (888) 483-0793, option 8 for the Provider Service EHR – Provider Incentive Program help desk.

Thank you for using the PIP system (Version - 1.0.0.1).